Women's experiences of Intimate Partner Violence in heterosexual relationships in Aruba and the negative health consequences

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ACADEMIC DISSERTATION

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WOMEN'S EXPERIENCES OF INTIMATE PARTNER VIOLENCE IN HETEROSEXUAL RELATIONSHIPS AND THE NEGATIVE HEALTH CONSEQUENCES

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FOREWORD

This dissertation is titled *Women's Experiences of Intimate Partner Violence in Heterosexual Relationships in Aruba and the Negative Health consequences*. Conducting the survey went smoothly. In six weeks, we collected more than 900 questionnaires, which was reduced to 758 valid questionnaires after revision. Various difficulties such as personal illness, changes in methodology including a qualitative study to the quantitative part, and not to forget the outbreak of Covid, which is still lasting, emerged, complicating the completion of this dissertation in an earlier stage. A very positive and unexpected occurrence happened when contact was made with the Intercontinental University of the Caribbean and especially with Dr. Gilbert Cijntje, who has guided me in completing this dissertation.

Because I am a teacher and also a lawyer (judicial advisor), many students approached me for advice because they were being abused by their husband or partner. It was not easy for them to admit that the situation at home was not a pleasant one like they pretended it to be. Having small kids made the situation even worse and unbearable, because the children were also victimized. Most of my students asked what to do, whom to approach or where to seek help. How much were the costs of filing a demand or paying a lawyer to apply for divorce? Some of the students had been treated badly by the police when asked for intervention. There were many complaints regarding the way they had been treated by the Office of the Public Prosecutor and some were not satisfied with the verdict spoken by the judge.

The above-mentioned reasons made me decide to start with a qualitative study based on the above-mentioned complaints. The reason that made me change from a qualitative to quantitative inquiry was a request from the former Minister of Social Affairs of Aruba, who, during a journey to Geneva to attend meetings on human rights, was confronted by the demand that Aruba had not met the obligation required by some treaties regarding violence against women by undertaking a national inquiry regarding violence against women on the island of Aruba. She approached me because I had been researching this field for more than ten years and had already produced a report titled "Handling Domestic Violence in Aruba."

To conduct this national inquiry, a quite long questionnaire was developed containing several sections. These sections contained questions about all forms of violence and about emotions, perpetrators, efforts to stop the violence, ways to seek help, and stalking. The reason for a long questionnaire was based primarily on two reasons, namely the fact that it is not easy to conduct a national inquiry in Aruba. Secondly on the fact that the World Health Organization (WHO) reports often claimed that measuring only the forms of violence doesn't give the complete picture of the experiences lived by the victims. The decision made was: "we will undertake this now or never." Aruba needed to comply with the requirements of the Treaty of Belem do Para with a national inquiry regarding violence against women. Having received by that time a total of 758 valid questionnaires filled the whole team involved with joy, enthusiasm, and energy to go on.

The several stakeholders who handle domestic and partner violence expressed that they preferred a dissertation that is accessible reading for everyone, in other words, not only numbers and figures, but also theories and literature regarding domestic, partner violence, and child abuse and overall, easy to understand. The decision was also made to involve different stakeholders, governmental departments, and foundations using several local studies in this dissertation in order to give a complete picture of the present social crisis in Aruba, forming in this way an evidence-based platform.

The contribution from sixteen interviewees on handling and treating domestic and partner violence presented in the qualitative part of this study amplifies and strengthens this base even more.
May this dissertation offer insight and help in the battle against partner violence and child abuse and in the effort to eliminate all kinds of violence by creating a gender equality community and a happier Aruban community, free of violence.

Hopefully, this dissertation will also inspire others to investigate other problems such as violence against older adults and incest, violence against men, poverty, and discrimination against migrants.

Dedicated to all women of Aruba

"I can do all things through Christ who strengthens me."
Philippians 4,13

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1. Table of Contents

FOREWORD iv
CHAPTER 1: INTRODUCTION 1
1.1 Introduction 1
1.2 Prior Research on DV & IPV 1
1.3 Background and Urgency of the Study 5
1.4 The Purpose of this Research 8
1.5 Research Questions and Sub-Questions 8
1.6 Scope and Limitations of the Research 9
1.7 Significance of the Study 10
1.8 Research Framework 10
1.9 Definitions 11
1.9.1 Definition of Family 12
1.9.2 Definition of Family Violence 14
1.9.3 Definition of Intimate Partner Violence 14
1.9.4 Definition of Gender 15
1.9.5 Gender-Based Violence 17
1.10 Summary 18
1.11 Thesis Set-up 19
CHAPTER 2: LITERATURE REVIEW 20
2.1 Introduction 20
2.2 Literature Search and Selection 20
2.3 Theoretical Perspectives on Domestic Violence 27
2.3.1 Studies on an Individual Level Like Psychiatric/Psychopathological Model 27
2.3.2 Studies on Meso Level Analysis 27
2.3.3 Studies on Macro Level Analysis 27
2.3.4 Multidimensional Model 28
2.3.5 Social Learning Theory 28
2.3.6 The Evolutionary Theory 28
2.4 Historical Overview 30
2.5 Studies on Prevalence of DV/Family/ IPV/and Stalking 33
2.5.1 Caribbean, Central and South America 33
2.5.2 United States of America 34
2.5.3 The Netherlands 34
2.5.4 Curaçao 34
2.6 Other National Sources, not Concerning Prevalence, Mentioning DV and IPV as a Social Problem 35
2.6.1 Data from the Foundation Child and Youth Helpline (Telefoon pa Hubentud) 35
2.6.2 Data from the Department of Social Affairs 35
2.6.3 Data from the Foundation for Women in Need 36

2.6.4 Data from the Governmental Agencies and Foundations 36
2.7 Feminism and the Protection of Women and the Family Against Violence 37
2.8 Legislations on Protection of Violence Against Women 38
2.8.1 International Legislation 38
2.8.2 Legislation in Aruba 43
2.8.3 Some Special Legislations Regarding DV and IPV 45
2.9 Summary 45
2.10 Conclusion 47
CHAPTER 3: METHODOLOGY 48
3.1 Introduction 48
3.2 Procedures 49
3.2.1 Ad. 1: Developing the Questionnaire: Introduction and Literature Used 50
3.3 Calculation of the Sample Size 56
3.4 Validity of the Questionnaire 57
3.4.1 Reliability of the Variables 57
3.4.2 Goodness of Fit Test 58
3.2.2 Ad. 2: Collecting the Data 58
3.3 Qualitative Study 63
3.4 Conclusion 64
CHAPTER 4: QUANTITATIVE STUDY 65
4.1 General Introduction 65
4.2 Descriptive Statistics 68
4.3 Prevalence of Intimate Partner Violence in Aruba 73
4.3.1 General Information 73
4.3.2 Measuring Intimate Partner Violence 74
4.3.3 Discussion 83
4.4 Prevalence of Domestic Violence Before the Age of Eighteen 85
4.4.1 General Information 85
4.4.2 Measuring the Prevalence of Domestic Violence Before Adulthood 87
4.4.3 Results 87
4.4.4 Association Between Experienced Violence Before the Age of 18 and IPV 90
4.4.5 Measuring Emotions (no IPV) 92
4.4.6 Indicating the Perpetrator 93
4.4.7 Results of Frequency 96
4.4.8 Discussion 97
4.5 Demographic's Data Analysis and IPV 98
4.5.1 General Information 98
4.5.2 Definition of Risk Factors 98
4.5.3 General Risk factors for Violence 99
4.5.4 The Social-Ecological Model 100
4.5.5 Procedures and Results 102

4.5.7 Discussion 110
4.6 Negative Health Consequences of IPV 112
4.6.1 General Information 112
4.6.2 Negative Consequences of IPV 114
4.6.3 Other Negative Consequences of IPV 115
4.6.4 Used Method and Material 116
4.6.5 Results 116
4.6.6 Indicating Diseases or Disorders Suffered in the Past 12 Months 117
4.6.7 Indicating Contact with Health Care Providers 119
4.6.8 Measuring the Use of Alcohol 120
4.6.9 Measuring the Use of Illegal Drugs 120
4.6.10 Measuring Negative Consequences of IPV for the Body 120
4.6.11 Indicating the Perpetrator 121
4.6.12 Measuring Degree of Being Affected by IPV 122
4.7 Transgenerational Violence 123
4.7.1 General Information 123
4.7.2 Used Method and Material 125
4.7.3 Results 126
4.8 Severity and Frequency of the Inflicted Violence, Characteristics of Victims and Perpetrators 129
4.8.1 General Information 129
4.8.2 Global Scope of the Problem 130
4.8.3 Emotional Profile of Women Victims of Domestic Violence 130
4.8.4 Characteristics of Victims of DV/IPV 130
4.8.5 Characteristics/Typologies of Perpetrators 130
4.8.6 Risk Factors for Being a Perpetrator 131
4.8.7 General Information on Perpetrators 131
4.8.8 Used Method and Materials 132
4.8.9 Results 132
4.8.10 Discussion 135
4.9 Trying to Prevent, Stop the Violence and Seeking Help 135
4.9.1 General Information 135
4.9.2 Literature Review 136
4.9.3 Used Methods and Materials 138
4.9.4 Results 139
4.9.5 Questions about Seeking Help 139
4.10 Prevalence of Stalking in Aruba and why it is Considered a Form of Intimate Partner Violence (IPV) 141
4.10.1 General Information 141
4.10.2 Definition of Stalking 142
4.10.3 Anti-Stalking Legislations 143
4.10.4 Forms of Stalking Behavior 145
4.10.5 Types of Stalking/Characteristics of the Stalkers 146
4.10.6 The Impacts of Stalking on the Victims 147
4.10.7 Used Method and Materials 147

4.10.8 Measuring the Prevalence of Stalking 147
4.10.9 Experiences of Stalking without IPV 148
4.10.10 Experience of Stalking Linked to IPV 152
4.10.11 Limitations 155
4.10.12 Discussion 155
CHAPTER 5: QUALITATIVE STUDY: SIXTEEN INTERVIEWS WITH PROFESSIONALS ON THIS TOPIC 156
5.1 Introduction 156
5.2 A Case of Partner Violence and Domestic Violence Against the Children 157
5.3 A Case of Domestic Violence and Sexual Abuse as a Child 158
5.4 Interview with a Family Doctor 160
5.5 Interview with a Pediatrician 161
5.6 Interview with the Director of the Ortho-Pedagogic Center 162
5.7 Interview with Teen Mothers' Consultant at the White Yellow Cross Foundation 164
5.8 Interview with System Therapist of Department of Social Affairs 165
5.9 Interview with the Foundation against Relational Violence 167
5.10 Interview with a Priest 168
5.11 Interview with a Pastor 169
5.12 Interview with the Person who Assists Victims of IPV 170
5.13 Interview with a Trauma and Anger-Management Therapist 171
5.14 Interview with the Director of Safety House 172
5.15 Interview with a pathologist 175
5.16 Interview with a Lawyer and Director of the Detective Office 176
6.1 General Conclusions 186
6.1.1 Conclusions of Prior Studies Mentioned in Chapters 1, 2 and 3 186
6.1.2 Measuring the Prevalence of IPV 187
6.1.3 Domestic Violence before Adulthood <18 Years 189
6.1.4 Demographics and Risk factors 190
6.1.5 Negative Consequences on Health of the Victims 191
6.1.6 Measuring Transgenerational Violence 194
6.1.7 Preventing, Stopping Violence and Seeking Help 195
6.1.8 Severity and Frequency of IPV 196
6.1.9 The Prevalence of Stalking 197
6.2 Recommendations 199
6.2.1 Application of the Social-Ecological Model of Murray Bookchin: 200
REFERENCES 206

List of Tables

Table 1: 1-A List of Theoretical References (DV/IPV & Family Violence) 22
Table 2: 1-B List of Theoretical References (Gender – Health Consequences of IPV) 23

Table 3: 1-C List of Theoretical References (Perpetrator-Prevalence Surveys) 24
Table 4: 1-D List of Theoretical References (Prevention - Child Maltreatment).....25
Table 5: 2-A List of Journal References (DV/IPV & Family Violence) 25
Table 6: 2-B List of Journal References (Demographic-Children's Exposure) 26
Table 7: 2-C List of Journal References (Prev. Studies-Stalking).....26
Table 8: Table of Chosen Theories Used in this Thesis.....29
Table 9: Sections of the Questionnaire 50
Table 10: Scale of Variables.....53
Table 11: Response Rates.....60
Table 12: Reason of no Response.....68
Table 13: Age of Respondents.....69
Table 14: District of Respondents and Representatives.....69
Table 15: Number of Women by District, 2019 and the Number of Respondents by District 70
Table 16: Age Groups and IPV Categories 72
Table 17: Feelings/Emotions Regarding Control and Threat.....77
Table 18: Feelings/Emotions about light physical abuse and financial control V3 and V4 78
Table 19: Feelings/Emotions Regarding Psychological/Emotional Abuse Section VI 79
Table 20: Feelings and Emotions Regarding Physical Violence Section VII.....80
Table 21: Frequency.....81
Table 22: Feelings and Emotions regarding sexual violence Section VIII 82
Table 23: Frequency.....82
Table 24: Emotions without IPV 92
Table 25: Emotions with IPV 93
Table 26: Educational Level and IPV Categories Relation.....103
Table 27: Marital Status/Civil Condition and IPV Categories Relation 105
Table 28: Amount of Work Hours.....106
Table 29: Personal Income.....106
Table 30: Comparing Income Partner and Personal Income and IPV 107
Table 31: Living Conditions of the Respondents 107
Table 32: Living Condition and IPV.....108
Table 33: Children < 18 Years in Household.....109
Table 34: Number of Children in Household 109
Table 35: Cross Tabulation IPV and Health.....117
Table 36: Frequency of Mother's Reaction at Child(ren)'s Behavior 126
Table 37: Relationship Between Predictor "Experienced DV<18 Years" and DV Transgenerational Reaction 128
Table 38: Results of Measuring Transgenerational Violence (see question 25) 133
Table 39: Seven Categories Used to Measure IPV.....134
Table 40: Preventing or Stopping Violence (with IPV).....139

List of Figures/Graphs

Figure 1: Quantitative Research Design: Risk Factors, IPV, Consequences and Women's Response.....48
Figure 2: Graph I The 6 Districts where the Survey was Held.....70
Figure 3: Graph II Age of Respondents 70
Figure 4: Graph III Female Population in 2016.....71

Figure 5: Graph IV Age Respondents in Percentage Who Answered IPV Questions.....73
Figure 6: Types of Domestic Violence without IPV.....88
Figure 7: Comparison of Types of Domestic Violence with IPV or no IPV 89
Figure 8: Results Emotional Abuse Before 18 Years with IPV 90
Figure 9: Physical Abuse Before 18 Years with IPV.....91
Figure 10: Sexual Abuse Before 18 Years with IPV 91
Figure 11: Perpetrator no IPV.....94
Figure 12: Perpetrator with IPV.....96
Figure 13: Frequency Unpleasant/Painful Situations (with IPV) 96
Figure 14: Disease or Disorders Experienced During Past 12 Months.....118
Figure 15: Contact Recently with Healthcare.....119
Figure 16: Percentage of injuries as consequence of IPV.....121
Figure 17: Percentage of Perpetrator Who Caused Damage to Physical and Mental Well-being. 122
Figure 18: Frequency of having been affected by IPV in percent.....123
Figure 19: Frequency of Mother's Reaction at Their Child(ren's) Behavior.....127
Figure 20: Ever Sought Help? 140
Figure 21: Why Didn't You Seek Help?.....141
Figure 22: Unwanted Stalking Behavior.....148
Figure 23: Frequency of Stalking Occurrence Without IPV 149
Figure 24: Duration of Stalking Without IPV 150
Figure 25: Form of Stalking that Caused More Fear 151
Figure 26: Forms of Stalking linked to IPV 152
Figure 27: Frequency of Stalking Linked to IPV. 153
Figure 28: Duration of Stalking Linked to IPV 153
Figure 29: Form of Stalking Linked to IPV that Caused More Fear 154

CHAPTER 1: INTRODUCTION

1.1 Introduction

This chapter contains in the first place, information about the background and urgency of this research. It also contains an introduction of definitions such as violence in general and Domestic Violence (DV) and Intimate Partner Violence (IPV) in particular. Important are the information and explanations of the forms in which DV and IPV manifest themselves. Then follows information about prior research on Domestic Violence and Intimate Partner Violence in Aruba. This is the first time that a national inquiry about the above-mentioned topics has been conducted in Aruba. Before that some prior local investigations on this topic are being mentioned starting with the study on the 'Handling of Domestic Violence in Aruba' (Marval, 2013). This report was handed over to the Government in 2013 and contains in the first chapter findings of investigations and interviews executed at the Police Headquarters. The investigations and interviews at the Police Headquarters regarded especially intervention by the police and registration of domestic violence cases, domestic violence at home of the police officers, interviews at the Youth and immoral/ indecency assault Police Department, Office of Victim's Aid at the Police Office (Slachtofferhulp) and a study using the daily paper *Diario*, regarding publications about domestic and public violence and a comparison between these two forms of violence. The second chapter of this report contains information about cooperation between some government departments, such as the Department of Social Affairs, the Guardianship Board, the Office of complaints regarding child maltreatment, the Center for Development of Women and some foundations, such as The Foundation for Women in Need, The Foundation of Rehabilitation/probation and Youth protection and the Foundation Teen Challenge, who are engaged with trying to solve or alleviate the problem of DV and IPV. The last chapter of the report contains a comparison between the handling of this problem in The Netherlands and in Aruba. Other prior studies are on teenage pregnancy conducted by the White-Yellow Cross on Aruba and regarding the problem of the so-called 'Drop-Outs' executed by the Department of Education and referred to by other independent authors.

1.2 Prior Research on DV & IPV

In 2013 the above-mentioned report 'Aanpak van Huiselijk Geweld in Aruba' (Marval, 2013), which means in English 'Handling or Addressing Domestic Violence in Aruba' was handed to the Government of Aruba. Besides this study no other study on Domestic Violence or Intimate Partner Violence has been published. The Department of Social Affairs issues its own report on victims visiting this office for family therapy or looking for advice on how to file for a divorce and what to do to get a lawyer paid by the government. Some victims suffering with post traumas are also treated by special therapists on this matter. Waiting lists are long. Reports from the Fundacion Hende Muhe den Dificultad (Foundation for Women in Need) which offers shelter to victims and their children are also yearly available. And reports from the Rehabilitation Center and the Guardianship Board (Voogdijraad) are also issued each year. Even the Police issues a yearly report with some information and figures about the quantity of cases handled. The Police has only one

person to offer aid to any kind of victim (Slachtofferhulp): victims of domestic violence abuse and accident victims, family of victims of homicide or suicide or drowning. Too many cases for one person to handle with. This leads to the conclusion that all these institutions have too many cases to handle by insufficient personnel.

Some important results of the above-mentioned prior research regarding the handling of DV/IPV (Marval, 2013) yielded the following information:

a. Registration of DV/IPV by the police was not complete (under-registration).
b. Many victims of DV/IPV complained about the way they have been treated by police officers when filing a demand or complaint.
c. From the four police districts, only the main office in Oranjestad complied partially with registration of DV/IPV cases in a correct manner.
d. Many victims and their lawyers complained about not receiving a copy of the filed demand/complaint.
e. Police officers were not trained on how to handle a case when called for assistance in a case of DV/IPV.
f. The Police is the first called in DV/IPV cases and they have a person who is called for victim Aid, but there is no special practitioner at the Police Office for first examination of physical maltreatment, nor a special kit for checking sexual assaults/rape cases.
g. Aruba has no special Law regarding Youth Care.
h. Aruba does not have a law that stipulates that in cases of dangerous maltreatment, the perpetrator must leave the home, while the mother/victim is allowed to stay in the house with her kids (Tijdelijk Huisverbod=Temporary Prohibition to enter the house/ residence/home).
i. Many agreements regarding cooperation between the different instances/stakeholders were lacking.
j. There is no AWARE alarm system for women in danger.

The Interviews were held at the 'Centro di Husticia' (Center of Justice), where the Police Headquarters are established and yielded important information of the possible extent of the problem of domestic and intimate partner violence on the island. The suspicion that domestic violence in Aruba seems to be a big problem is often mentioned even by the police. The first chapter of the above-mentioned report is about the registration of domestic violence and of the demands pressing charges by the police. In an interview, the second Chief of Police answered to the question: How often in a day is the police called for intervention in a case of domestic violence?

"I know for sure two to three times a day (Marval, 2013 page 55).
If that is the case, then this means between 730 to 1095 cases per year.
The research about registration of domestic violence at the Police Corps shows that registration of domestic violence cases in 2009 reported a total of 100 cases; in 2010: 87 and in 2011: 86 cases. This proved clearly that not all the calls made to the police for intervention are being registered,

which is called under registration. One of the most important motives is that intimate partner violence is still viewed by some police officers as something private between married and non-married couples. Registration of charges pressed by the victims of domestic violence is also a problem, about which, not only the female victims but also lawyers are complaining. This has led to the impression by the population that the police is not giving the required protection to victims of domestic/partner violence.

Domestic violence occurs also in the homes of police officers. The question was asked to some police officers to give an estimation of how many police homes they have the impression that domestic violence is taking place. These are some of the answers:
"It is true that there is domestic violence in police homes, due to the stress of the work. The abuse is mostly verbal and not physical. I guess in 30% of the police corps" (Marval, 2013), (police respondent nr 10, page 74).
Another respondent answered: *"I think three hundred (300) police officers have problems with domestic violence at home"* (Marval, 2013), (police respondent nr.12, page 74).

Three hundred police officers causing domestic violence at home means half of the police corps. That is a strong indication that this problem requires separate research, because the police are the first called for assistance in domestic violence cases. This problem of Domestic/Intimate Partner Violence/Relational Violence in police officers' households needs to be studied separately. As mentioned before, the number of cases of domestic violence mentioned daily in the newspapers also gives the impression that the problem most probably is bigger than we think. But how big is this problem really? The divorce rate has been above 70% in the last 10 years and in 2011 the divorce rate per 100 marriages reached 101.1%. That means that in that year more couples got divorced than married. The abovementioned data from governmental and non-governmental agencies that are involved in the handling of domestic violence on the island are a serious indication that domestic violence is likely bigger and more problematic than we think. It is an affirmation of the impression that domestic violence is being viewed as a real social problem, which needs more attention of the government and the whole society.

Another prior study on a problem related with Domestic Violence and Intimate Partner Violence is **Teen Pregnancy.** The term 'Teen pregnancy' in everyday speech usually refers to girls who become pregnant before reaching legal adulthood (CBS, 2012). Aruba has for the last decade the highest percentage of teen pregnancies in the region. The White-Yellow Cross Foundation has been registering teen pregnancy since 2000. In 2000 a peak of teen pregnancy was registered: 179 cases in that year. The lowest registration of teen pregnancy was 117 in 2001. Since then, it has been fluctuating: 161 registrations in 2008, while in 2013, 141 teen pregnancies were registered. In 2015, 92 babies of teen mothers were born, and in 2016 the number was also 92. In 2017, 93 were born and in 2018, 72 babies were born. This has been the lowest score, regarding teen

pregnancy. Lowering the number of teen pregnancies from 179 to 72 is the result of prevention talks given by the social workers of the White-Yellow Cross, especially at schools.

Social workers at the White-Yellow Cross reported that when interviewing teen mothers and asking why they did not take precautions, most of these teen mothers mentioned as an excuse: "living in a home with stress and domestic violence and wanting to leave as soon as possible to live a happy life". Most of the teenage mothers get their first child at age 17. Some 25% of teenage mothers had given birth to two or more children before reaching the age of twenty. The legal age for marriage is 18 years. Most teenage mothers (93.1%) have never been married. One third of teenage mothers lived together with a partner at the time of the Census of 2010 (registering the population), regardless of their marital status. These partners were between 16 years and 39 years of age, of which one quarter were teenagers themselves, and 48% were between 20 and 24 years of age and another 27% was older than 25 years of age (CBS , 2010). In 2017 the age of 13 fathers of these babies ranged from 30 years to 48 and in 2018 five fathers were 15 years of age, 19 were 26 years of age and there was a father of 42 and one of 54 years of age. These data were obtained from the annual reports of the White-Yellow Cross Foundation (Wit Gele Kruis Aruba: Foundation White Yellow Cross Aruba, 2015).

Profiles of teen mothers: More than 60% are children of single mothers; lacking a father figure makes them fall in love with 'sugar-daddies' and 'lover-boys' or older men that can maintain them and the family. More than 50% have experienced domestic violence; most of them have experienced alcohol and drug abuse by parents and consequently are also users of alcohol and drugs. Most of them have been sexually abused. Most of the teen mothers have undergone a radical experience, like rape, and have never been treated for this trauma. Most of the teen mothers will drop out of school; some of them will be cohabiting with the father of the baby, some. Some of them try to work but not having a higher education, this will be a "cheap-labor" job and most of them will not keep the job due to alcohol and drug abuse and lack of social help from family members.

Consequences: alcohol and drug abuse during pregnancy affects the growth of the baby in the womb. When born, the baby suffers from drug abstinence and is likely to lack a normal physical and psychological development. Consequences are dysfunctional behaviors and ADHD shown by the child. Other negative health problems are headache, fear, shame, depression, sorrow, eating problems, PTSD, aggression and auto-mutilation (Annual reports from the White-Yellow Cross Foundation 2015, 2016, 2017, 2018). According to the 2010 Census data, 72% of the teenage mothers reported not having any source of income, and somewhat more than half (56.5%) of those 28% who indicated that they have (regular) income got this from welfare transfers (DSZ, Social Development: A situational analysis of Aruba Case, working paper, 2017).

"Dropouts" are the so-called youngsters that do not finish school because of the unpleasant and violent situation at home. They try to get a job to have their own income so they can take care of

themselves and try to escape the home situation. Because of the violent and stressful home situation, there is not enough or no attention at all for them and their study and homework, which causes them to get low grades and consequently lose interest in further study. They take a "cheap labor" job at gas stations or supermarkets. The risk of becoming an easy target for drug dealers, or to fall into prostitution or in criminality is huge (Velasco et al., 2012). It is also one of the causes of youth criminality, which has been increasing the last ten years (Narain, 2010; Smith, Park, Ireland, Elwyn, & Thornberry, 2012). Till now no special investigation or study has been undertaken regarding this problem.

The unemployment rate under the local youth (ages 15-24) increased from 16.3% in 2000 to 28.9% in 2010. This youth unemployment rate was found to be significantly higher than the world average youth unemployment rate of 13.1% and that of Latin America & the Caribbean region (15.8%) for the same year. In fact, it surpassed the region with the highest rate, namely North Africa (23.8%). The lower the education level, the higher the unemployment rate under the 25 years old population. Two-thirds of the youth with an education level less than primary and circa one-third of the population with a primary/special education level was unemployed (DSZ, Social Development: A situational analysis of Aruba Case, working paper, 2017). The ILO expressed the danger of this situation in this way: *There is a demonstrated link between youth unemployment and social exclusion. An inability to find employment creates a sense of uselessness and idleness among young people that can lead to increased crime, mental health problems, violence, conflicts and drug taking* (ILO, 2010).

1.3 Background and Urgency of the Study

In a journey to Geneva in 2012 to discuss the reports on complying with the demands of the Human Rights Commissioner, the then minister of Social Affairs was attended on the fact that Aruba had not complied with the demand of holding a national survey regarding Domestic and Intimate Violence, with the purpose to get an insight of the magnitude of this problem on the island, as demanded by the CEDAW Treaty (Convention of Extradition of Any kind of Violence against Women). It was then that I was approached with the request to conduct a national survey regarding domestic and intimate partner violence, for being the only one having done research on this sensitive topic.

As a lawyer (judicial advisor) and a teacher, many actual and former students approach me with problems of violence caused by their husband or partner because they do not know what to do or where to go for help. These victims have expressed their shame to confess that their husband or partner abuses them and to admit that the situation at home is not that pleasant as they pretend it to be. They fear that the violence will escalate should their partner get to know that they have spoken about the battering. The worldwide literature on domestic violence also mentions these feelings of shame and fear (Avdibegovic, Brkic, & Sinanovic, 2017; Cares 2009 ; Johnson, 2008; Levesque, 2001; WHO, 2010; Wilson, 1997).

For the last eight years, the newspapers have been mentioning some incidents of domestic violence of which especially women are victims, which has created the impression that domestic violence has been happening rather often. In 2010, a woman who in former occasions had been threatened and beaten by her partner was shot three times in the presence of her father and her little son. She survived this assault but will be paralyzed for the rest of her life and she is now in Holland for special physical therapy. Her partner got fifteen (15) years of imprisonment. This assault shocked the Aruban community, and the question asked several times went as follows: Will this kind of assault be repeated? The answer was: Yes, and it will get worse every year. Almost two years ago two toddlers, one of five and one of three died as consequence of the repeated beatings by their stepfather. Their mother was also repeatedly physically abused by this partner and did not report this to the police because of fear. Last year a woman was beaten to death by her partner and another woman, who was illegal on the island, was severely beaten by her partner, a police officer, and locked up in a room. A young single mother was raped and killed by the boyfriend of her aunt, leaving a 2-year-old toddler behind. A couple, who both were on drugs and had relational problems, started a fight that ended in him killing her with a knife. Almost every weekend a case of Domestic Violence is published in the papers. Alcohol and drug abuse are increasing the number of cases of severe physical and sexual abuse and homicide. Although several studies in the USA and Europe have been alerting people on the dangers of the increasing violence known as being part of the so called 'circle of violence' (Beke & Bottenberg, 2003; Barnett, Miller-Perrin, & Perrin, 2005; Johnson, 2008; Janssen, Wentzel, & Vissers, 2010), no study has been done till now on the prevalence of domestic and intimate partner violence in Aruba, nor on the negative consequences to the health of the victims, or on the danger of homicide in abusive relationships.

The government installed in 2018 a special committee, The Social Crisis Plan Committee, with the task to study the problem of DV/IPV, child abuse and elder abuse on the island and to come with possible solutions. Special attention has been requested for registration of data by the different stakeholders and cooperation between them to plan actions regarding prevention and solutions.
In September 2018, after the brutal murder of two toddlers by their stepfather, followed by some other brutal homicide regarding DV/IPV/Relational violence, mentioned above, finally the Government of Aruba decided in a Ministerial Decree to broaden the task of the Social Crisis Plan with the request for a special study of the problem of DV/IPV/ Relational violence in Aruba, demonstrating in this way its consideration of DV/IPV/Relational Violence as a real social problem. A special Committee formed by stakeholders on this problem, such as the Department of Social Affairs, Department of Education, of Justice and the Office of the Public Prosecutor, the Committee for the Children's Rights, the Sustain Me Foundation (Fundacion Sostene Mi), which serves as the central point for child abuse report, the Guardianship Board and the Fundacion pa Hende Muhe den Difficulted (Foundation for Women in Need and Shelter Facility) was appointed. Their special focus is on A: Data information, B: Crisis prevention, C: Crisis Intervention and D: Solution. Solution had to be sought on: a. the judicial level: which laws are applicable? Are there gaps? Which laws are needed? b. the level of Policy making: which policy rules are important to

execute A and B? c. the level of Execution: are there internal cooperation protocols? How do they work? d. the level of Solution: what is the final solution?

To obtain the above-mentioned information the Department of Social Affairs sent a form to eighteen stakeholders to fill out this form answering the above-mentioned questions. In the first instance eight (8) out of eighteen (18) forms were received from which half were partially filled out and half not. The Department of Social Affairs organized meetings with the stakeholders to explain the objective of this exercise. The objective was in the first place to obtain data collected from each stakeholder regarding the questions mentioned above needed for planning a strategy to close the existing gaps using a chain binding, holistic, whole-of-society and whole-of-government-approach.

The first report from the Social Crisis Plan Committee reports an improvement in the way in which child maltreatment is being approached by the involved stakeholders. A total of thirty (30) projects were started. They encountered that there is a lack of institutions needed as crisis centers to guide neglected youth. Child protection codes were introduced and crisis cases have dropped by 33%. Cooperation contracts are not being mentioned. The Foundation for Women in Need made some improvement by offering psychological aid to their clients. This Foundation published that the amount of domestic violence cases doubled during this virus pandemic situation. Some other stakeholders are meeting on working together. But there is still a lot more to be accomplished (Department of Social Affairs, 2018-2019).

The above-mentioned report from the Social Crisis Plan Committee published the next data giving evidence of the critical situation on Domestic Violence, especially child abuse:
*The High Police Commissioner mentioned that in 2016 they registered 150 cases of DV/IPV per month not including holidays. During vacation, holidays and since this pandemic situation, incidents have increased considerably (KPA, Korps Politie Aruba, 2016).
*Sostene Mi, the Central Call Point for complaints of child abuse, reported that from 2016 – 2019 they registered 978 cases of abuse of which one-third were considered to be urgent cases.
*Sostene Mi, also reported that between 2013 and 2018 from the cases they had registered 18% were of physical abuse, 6 % of psycho-emotional abuse, 10% of sexual abuse and two-thirds part (2/3) of psycho-emotional neglect and domestic/family abuse. The most common abuse was the psycho-emotional neglect (45%) (Bureau Sostene Mi, 2019).
*The pediatrician who conducts the crisis team at the Hospital reported the following data: in 2012: 50 cases of child abuse, in 2013: 70 and in 2014: 100. In 2015: they registered 120 cases of child abuse, in 2016 they registered 175 cases of child maltreatment and abuse. In 2017 they registered in one week 32 cases, of which eighty (80% were classified as incest (abuse by father, an uncle or other family member) (DSZ, Department of Social Affairs, Nov. 2018-Oct. 2019).
*In a pilot study conducted in 2018: 68 students between 12 and 17 years from a secondary school were interviewed on domestic abuse. The results yielded that the prevalence of severe physical

abuse was 67%; 42% about neglect and **one out of five** from the students reported having been victims of sexual abuse.
*There have been several demonstrations of parents and some foundations regarding child abuse on the island especially regarding sentences of judges containing mild punishment towards child abusers.
*There is a no Table increase of youth criminality while at the same time a younger age of the youngsters involved in criminal acts has been noted (DSZ, Department of Social Affairs, Nov. 2018-Oct. 2019).
*Important is also a clearly proved correlation between low educational level and participation of youngsters in criminal activities. The Foundation Rehabilitation and Child Protection reported in their Annual Report that about 80% of the youth under their guidance were classified as persons with an intellectual restriction. The criminal acts committed by youngsters become more serious and dangerous (Stichting ReclasseringenKinderbescherming Aruba, 2019).
*There is an urgent need of reinforcement of institutions for young victims and at the same time for young criminals due to few adequate facilities. These two last remarks were pronounced by the Chief Officer Public Prosecutor (Department of Social Affairs, 2018-2019).

1.4 The Purpose of this Research

The purpose of the present research is to map and analyze the extent, scope, types and consequences of violence against women in heterosexual relations in Aruba, and to give recommendations about prevention and care. It is hoped that the results of this study can assist the government and all stakeholders in developing short- and long-term policies on the issue of domestic violence and Intimate Partner Violence, focusing on diminishing the violence at home. Short-term policies could be in the form of appointing more professionals, therapists, and counselors at the Department of Social Affairs to treat victims with traumas, family problems between spouses/partners and between parents and children. Long-term policies could be in the form of registration of the cases presented at the police quarters, different governmental Departments and Foundations who assist people who ask for help and advice. Another long-term policy is developing special designed information and awareness programs which are taught at the primary schools and secondary schools. And not to forget making use of social media like daily newspapers, radio, television and Facebook.
What makes this study even more urgent are not only the numerous registered cases of partner violence at the police office but especially the many registered cases of child maltreatment at the Central point of complaints' office 'Sostene Mi' for child maltreatment. The above-mentioned cases and numbers of domestic violence (DV: family violence) and intimate partner violence (IPV) are the reason for the following research questions:

1.5 Research Questions and Sub-Questions

What are, the extent (prevalence), nature and consequences of the violence that women experience in the relation with their husband or partner, and what are the risk factors that make women become victims of domestic violence?

Sub questions:

a. *What is the prevalence of IPV against women, experienced by women, between the ages of 15- 60, in the last 5 years?*
b. *What is the prevalence of DV against girls before adulthood (18 years)?*
c. *To what extent is there an association between IPV and the social-economic, religious, ethnic and demographic background of the victim and the perpetrator*?
d. *To what extent is there an association between IPV and the health of the victim?*
e. *To what extent is there a connection between the lived or living experiences of the IPV-victim and abusive behavior towards her child(ren)? (Transgenerational violence).*
f. *To what extent is there a relation between the types of IPV violence and the frequency and severity of the inflicted violence?*
g. *To what extent has the victim tried to prevent, or stop the violence? And, to what extent has the victim sought help?*
h. *What is the prevalence of stalking and why can it be considered as a type of IPV?*

1.6 Scope and Limitations of the Research

Although domestic (family) violence consists of different forms like violence between partners (IPV), child maltreatment, elder abuse and even animal abuse, this research is limited to the issue of violence against women for the following reasons:

a. Investigations carried out in other countries have shown that the largest group that are being assaulted are women and children (Barnett, Miller-Perrin, & Perrin, 2005; Römkens, 2008; Hamby, 2014). This research will not focus on child abuse because child abuse deserves a separate inquiry with special and specific attention for this social problem but seeing the amount of child abuse cases in practice, a separate section with special questions about domestic violence before adulthood, needed to complete the life-time victimization of the participating victims, will reveal an important glance at the existing problematic of child abuse.
b. Some scholars state that women are also perpetrators and that there is even gender symmetry of domestic violence (Langhinrichsen-Roh, Misra, Selwyn, & Rohling, 2012), while other scholars assure that there is a clear pattern of gender asymmetry with males perpetrating more physical and sexual violence than females for virtually every form of violence ever studied (Hamby, 2014). This study will only mention these opinions, but will not elaborate on it, because this study focuses on violence against women and not on men, making a comparison on violence as perpetrators, impossible. The other reason is that in the prior study on handling domestic violence in Aruba (Marval, 2013), the complaints filed at the Police Stations were mostly done by women.
c. This research will not focus on women in same sex (lesbian) relations because same-sex relationships have other dynamics and power relations (Healey, 1998).
d. Another reason to limit this research to violence against women in a hetero-sexual relation is because considering that domestic/partner violence is viewed in general as something taboo and difficult to talk about, one can expect that interviewing men on this topic, in a

culture where 'machismo' still reigns, will be a very difficult job (Watts, Heise, Ellsberg, & Garcia Moreno, 2001; Hines & Saudino, 2002; Goderie, Tierolf, Lunneman, Heuvel van den, & Drost, 2009).

1.7 Significance of the Study

Scientific relevance: this research tries to expand the knowledge that exists on this island about this social problem, by supplying more tangible data obtained in an empirical way, in order to be able to make policies, based on academic research, on the prevention of violence, and providing better care for victims and perpetrators, and for making adequate regulations regarding the handling of partner violence. Without evidence information, there is little pressure on politicians, GO's and NGOs, or anyone to acknowledge or respond to the problem (WHO, 2002). The obtained data can also help to be compared with data from other countries and, also, to set the base for longitudinal research.

Social relevance: Publishing of the results of information of the occurrence of violence in Aruban will be of significant social relevance, since scientifically obtained data will provide the general public, the government, and all the stakeholders and agencies with more insightful information, which may lead to more awareness of the entire population about fighting and preventing this social problem, which will therefore hopefully lead to social change (Ellsberg & Heise, 2005).

1.8 Research Framework

The first frame of this research is formed by questions regarding violence against women, psychological (verbal, controlling, threatening), physical, and sexual between the age of fifteen and sixty and aimed to get an insight in the prevalence of this phenomenon in the community of Aruba.

The second important frame is formed by questions regarding violence against young victims before they reached adulthood aimed to collect important information about the extent of this problem and about the perpetrators who caused harm or hurt them and in which way.

The third essential frame is formed by questions about the negative impact that domestic violence and intimate partner violence cause to the health of the female victims.

And the fourth important frame, when doing this kind of research, is formed by questions which can give an insight on how influential the victim's behavior is in passing negative experiences to their offspring, the so-called transgenerational violence. Therefore, questions are asked regarding the victim's behavior toward her children in certain settings.

Within this frame certain information about who are the victims and who are the perpetrators are important. Why do some people become victims, in this case women, and others don't? Why do some persons, in this case men, become perpetrators and some don't? And what are the reasons that violence is inflicted against a partner whom you are supposed to love and take care of?

Within this framework questions about stalking, a new topic that has been considered in the last ten years as a form of partner violence, especially caused by ex-partners, was asked, to get some insight of the extent of this problem in our community.

Important inside this framework are also the questions asked to the victims if they tried to prevent or stop the violence and if they sought help or not, and why not.
And last but not less important are the questions regarding the feelings and emotions of the victims that they experienced when being abused. The obtained information is very important, especially when trying to help the victim overcome negative feelings like traumas and planning suicide.

1.9 Definitions

Before discussing the terms Domestic Violence and Intimate Partner Violence, it is necessary to discuss what is meant by the term *violence.* The World Health Organization has proposed the following definition of violence:

The intentional use of physical force or power threatened or actual, against one-self, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation (World Health Organization, 1996b*;* WHO, 2014).

This study focuses on the first part of the definition: "the intentional use of physical force or power, threatened or actual, against one-self or another person," in this case referring to a family member, a spouse or partner or a friend, collegue, neighbor, acquaintance, or stranger. In most of the cases the perpetrator is recognized as someone known to the victim.

Many scholars and researchers have given various definitions of "violence", "domestic violence", and "Intimate Partner violence". Some of the definitons are considered to be too narrow, and others, to be too broad. For this study and investigation, the definitions published in the book 'Family violence across the lifespan' (Barnett, Miller-Perrin, & Perrin, 2005) were chosen, being the most used definitions of these emotionally loaded expresions.

In a recent study Burelomova, Gulina and Tikhomandritskaya (2018) adopted the abovementioned definition used by the WHO as a starting point for their study containing a critical overview of the existing theories, methodological frameworks, typologies, and definitions of Intimate Partner Violence.

Their first statement was that the abovementioned definition suggests that violence can be generally divided into three main categories according to characteristics of those committing the violent act: self-directed, interpersonal, and collective. Each of the proposed categories of violence is divided into sub-categories according to the nature of the violent acts (physical, sexual, psychological, deprivation, or neglect) (Burelomova, Gulina, & Tikhomandritskaya, 2018).

Self-directed violence can be subdivided into suicidal behavior (suicidal thoughts, attempted suicides and completed suicides). Self-abuse includes acts such as self-mutilation.

Interpersonal violence can be divided into two subcategories: 1. family and intimate partner violence: mainly between members of the family, as well as intimate partners. The family and IPV subgroup include such forms of violence as child abuse, elder abuse and IPV. 2. community violence: violence between people who are unrelated and, may or may not know each other. This subgroup includes random acts of violence, rape and sexual assault by strangers, and violence at institutional settings like workplaces, schools, prisons or nursing homes.

Collective violence can be subdivided into three categories: social, political, and economic. Examples: social: crimes of hate committed by organized groups, or terrorist acts; war and attacks motivated by an economic agenda.

At the end of their study of a critical overview of the existing theories, methodological frameworks, typologies and definitions of Intimate Partner Violence, they came to a conclusion that there is no universally accepted definition of IPV, nor a conceptual framework that would encompass the complexity of the phenomenon.

Intimate Partner Violence (IPV) refers specially to partner violence in heterosexual and homosexual relationships and happens in all countries of the world, in all races, in all religions, in rich and poor people. For that reason, it is said that IPV, including Domestic violence, does not discriminate.

Violence affects the life of millions, with long-lasting consequences. Women, children and elderly people bear the brunt of non-fatal physical, sexual and psychological abuse:

- A quarter part of the victims, report having been physically abused as children.
- One in five women reports having been sexually abused as a child.
- One in three women has been a victim of physical or sexual violence by an intimate partner at some point in her lifetime.
- One in 17 older adults reported abuse in the past month (WHO, 2014).

This thesis focuses on interpersonal violence. Interpersonal violence is violence that occurs between family members, intimate partners, friends, acquaintances, and strangers. Interpersonal violence includes child maltreatment, youth violence, intimate violence, sexual violence, and elder abuse (WHO, 2014). This national survey held in Aruba in 2016 focused specifically on Intimate Partner Violence, containing also questions about domestic violence (between family members, relatives, friends and other acquaintances) before adulthood (18 years of age) and stalking.

1.9.1 Definition of Family

Before the oil refinery of the Exxon Lago Transport Co. established in Aruba, the population of Aruba consisted of approximately twenty-five thousand 25,000 inhabitants. In those days, many households in Aruba could be defined as ‘matrifocal’, being often a female headed household and

also often intergenerational with grandparents, granduncle(s) or aunt(s) forming part of the family. The difference between this kind of family/household in Aruba and the one in Curacao, mentioned by prof. dr. Rose Mary Allen (Allen, 2007) is, that 'matrifocal' formed families/ households in Curacao were caused by the fact that Curacao had plantations were the slaves worked and lived, while Aruba had no slavery nor plantations. Aruban men left the island to go to Cuba and Venezuela to work there on sugar and other agricultural plantations. The women who were left behind became the head of the household. Another reason of staying close to each other, even after the migrant periods to other countries, was the fact that most families owned the land. When sons and daughters married and formed their own living, they inherited a piece of the land belonging to their parents/family and built their own house (Kelly, 1999).

The first large wave of immigrants to reach Aruba came with the opening of the Lago oil refining Company in 1929 to 1950. These immigrants were people from the surrounding islands of the Caribbean, Trinidad, Suriname, from the other Dutch Antilles and from South America, especially Venezuela. Most of these immigrants established near the oil refinery company and the town of San Nicolas was born.

The second large wave came with the growth of tourism starting slowly around 1960 and speeding up in the years 1970 to 1990. This wave of immigrants brought not only people from the surrounding islands of the Caribbean, but also from the Philippines and Colombia. The original values, norms, culture and even the language of Aruba changed. Aruba became a multicultural and multilingual island.

The original inhabitants who were descendants of the Caiquetio Indians and later on mixed with some Dutch descendants who had established themselves in Aruba during the West Indian Company (West Indische Compagnie) and some other merchants from Libya and Jewish origin, were replaced with a new population consisting of a mixture of all kinds of nationalities. The population started to grow and has surpassed at this moment 100,000 inhabitants.

The traditional family, meaning married parents with their biological children, is not considered today as the only form of a family. Today, a variety of individuals like grandparents, granduncles or aunts also form part of the family. A systematic therapist at the Department of Social Affairs, Mrs. Enid de Kort, has distinguished, during many years of working as a family therapist, eleven (11) forms of family in Aruba: 1.The nuclear family consisting of father, mother and child(ren); 2. The extended family consisting of nuclear family with grand-parent(s), (grand)uncle(s) or (grand)aunt(s); 3. Mixed family consisting of mother or father with new partner and their respective child(ren); 4. Foster parents with child(ren); 5. Single headed family (normally mother with child(ren), sometimes father with child(ren); 6. One person living alone; 7. A couple living together but without having intimate relation (LTA); 8. Living together, but not married (cohabiting); 9. Separated or divorced from husband, but living with someone else (LAT); 10. Split

authority of parents; 11. Family formed by homosexual partners. She stated that the content of the Aruban family has changed during the last thirty years, especially due to the waves of immigration from other countries that has flooded the island of Aruba together with their norms, values, religion and culture. This mixture of the population has its attractive side but also, it's confusing morality especially in the upbringing of the children, which at its turn has caused many problems between parents and their children (Department of Social Affairs, 2017).

1.9.2 Definition of Family Violence

One of the first researchers on this topic, Roger Levesque, didn't use the definition 'domestic violence' but offered instead the following definition for *family violence: "Family violence includes family members' act of omission or commission resulting in physical abuse, sexual abuse, emotional abuse, neglect, or other forms of maltreatment that hamper individuals' healthy development"* (Levesque, 2001).

The World Health Organization uses the term *interpersonal* violence which contains a more detailed explanation: "*Interpersonal violence is the violence which occurs between family members, intimate partners, friends, acquaintances and strangers, and includes child maltreatment, youth violence, intimate partner violence and elder abuse*" (WHO, 2014).

Maybe the words *friends, acquaintances and strangers* used in this defination refer to the forms of 'family' mentioned in European countries like Holland and Belgium, where (very) close friends, like godfathers and godmothers, are also being considered as family members (Romkens, 1989; Bruinsma & Lunneman, 1996; Janssen, Wentzel, & Vissers, 2010). Kurst-Swanger (2003) also consider *pseudo families* as family, to include the millions of children and adults living in out-of-home care environments. A *pseudo family* refers to group residential settings in which children, adults, or both are attended to, by paid providers who are responsible for their individual care. Kurst-Swanger (2003) also considered the context of abuse and neglect in foster families. The last decade the terms 'interpersonal, inter-familiar and relational' are being used more than the term '*domestic violence*' focusing with this more on violence that occurs between *members of the family* and not in the first place at home.

1.9.3 Definition of Intimate Partner Violence

Different theoretical standpoints have produced very different definitions of violence in intimate relationships. For example, Straus and colleagues (Straus, Gelles, & Steinmetz, 1980; DeKeseredy 1997; Johnson, 2001) all presented a definition of IPV and all encountered fierce critics based on reasons like lack of attention to social context, their symmetrical approach to gender and the scope of violence addressed (Burelomova, Gulina, & Tikhomandritskaya, 2018).
Garcia-Moreno et al. (2015) presented a definition of IPV as *"behavior within an intimate relationship that causes or has the potential to cause physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors*. This definition aroused disagreement between those not considering psychological

aggression as a category of violence. The researchers who conducted the study on Intimate Partner Violence: An Overview of the Existing Theories, Conceptual Frameworks, and Definitions, came to the conclusion that: "Overall, the theory and research on IPV demonstrates the multifaceted and complex nature of this phenomenon and that there is no universally accepted definition of IPV, nor a conceptual framework that would encompass the complexity of the phenomenon" (Burelomova, Gulina, & Tikhomandritskaya, 2018).

Although Intimate Partner Violence belongs to the category Interpersonal violence, which includes Family Violence and IPV, Barocas et al. (2016) suggested that the term 'domestic violence' be used to indicate violence against or between other members of the family, and that the term 'Intimate Partner Violence' be used to indicate and distinguish violence between husband and wife or partners in an intimate relationship to avoid confusion. This suggestion has been accepted and followed in this study when dealing with DV and IPV because it clarifies the differences between these two forms of familiar violence. For that same reason the question regarding measuring the prevalence of IPV in Aruba was chosen to be the first question, followed by the second important research question about domestic violence before adulthood. The research question about risk factors regarding IPV is dealt with after the first two questions regarding IPV and DV for being connected as different forms of family violence.

1.9.4 Definition of Gender

The term "gender" is often used in women's studies and especially in studies trying to demonstrate the inequalities between men and women, like in this study on partner violence. For that reason, it is important to avoid misinterpretations by explaining what is understood by 'gender.'

For many persons the terms "gender and sex" are interchangeable, but biological sex and gender are different. Gender is not inherently connected to one's physical anatomy. Sex is biological and includes physical attributes such as sex hormones, internal reproductive structures, and external genitalia. At birth, it is used to identify individuals as male or female. Gender is far more complicated. Along with one's physical traits, it is the complex interrelationship between those traits and one's internal sense of self as male, female, both or neither as well as one's outward presentations or behaviors related to perception (Langhinrichsen-Roh, Misra, Selwyn, & Rohling, 2012).

A well-known Caribbean researcher on this topic is E. Barriteau, whose definition of gender is as follows: "*I define gender to refer to complex systems of personal and social relations through which women and men are socially created and maintained and through which they gain access to, or are allocated, status, power and material resources within society"* (Barriteau, 1998, p. 188).

Gender is defined by the FAO as "the relations between men and women, both perceptual and material. Gender is not determined biologically, as a result of sexual characteristics of either women or men, but it is constructed socially. It is a central organizing principle of societies, and

often governs the processes of production, consumption and distribution" (Economic and Social Department, 1997).

As we see from the FAO and Barriteau's definition, gender issues focus on women and on the relationships between men and women, their roles, access to and control over resources, division of labor-interests and needs. Gender relations affect household security, family well-being, planning, production and many other aspects of life (Bravo-Baumann, 2000).

In March 2002, the Minister of Social Health, Social Affairs, Culture and Sport in Aruba, established by Ministerial Order a workgroup, whose task was to provide in a report, recommendations about an integral policy on gender on national level (Government of Aruba, 2002). The report's title is: Advice Report of the Gender Workgroup, June 2002. This group described the term 'gender' as follows:

"The term 'gender' refers in the first place to the distinction between biological sex (masculine/feminine) and social historically defined sex role. Thus, gender relates to qualities which, in a specific social context are assigned to men and women. Gender also plays a role in the structural regulations of society: different/several activities are being systematically appointed to men and women. Besides that, gender has a symbolic system, a system that structures norms and values in society, by which feminine nature most of the times is subordinated and valued inferior to masculine nature" (p. 3).

The abovementioned descriptions of 'gender' correspond with the explanation that is given to 'gender' in scientifical literature (Cuales, 1998; Powell, 1999; Nain & Bailey, 2003; Kibbelaar, 2005; Chanter, 2006; Claramunt, 2007; Almeras & Magana, 2012).

Like other social constructs, gender is closely monitored by society. Practically everything in society is assigned a gender: toys, colors, clothes and behaviors. In Latin America and in the Caribbean exist the home-street dichotomy, meaning that the street belongs to men and the home to women. The street is symbolic for men and is associated with domination, violence and the idea of "each person for himself." The house/home is the domain of the woman and is associated with family and love. This is an example of a gender-construction on the cultural level (Connely, Murray Li, MacDonald, & Parpart, 2000; Boer de & Meij van der, 2013).

The concern with gender emerged as feminist theorists sought to understand the complexities of women's subordination (Reddock, 2000): The *subordination of women and the dominance of men are neither natural nor eternal. To change the difficult relations between women and men, we have to, challenge the systems of in-egalitarianism and subordination in our own countries and throughout the world: these could be based on race or ethnicity, color, class, age, sexual orientation or nationality. In addition, we need to consider the organization of work and the effects of modern life and work on the environment* (Reddock, 2000). Recognizing that factors such as

class, race, ethnicity, age, social status, and sexual orientation shape perceptions and experience points to the social character of gender and gender relations (Bailey, Leo-Rhynie, & Morris, 2000).

Gender is inextricably implicated in the development process. The pioneering efforts of feminist scholars over the past four decades have established that development is an uneven process, not only within and between nations, but between sexes. Women and men are differently situated culturally and economically, with unequal access to material and cultural resources, different and unequal relationships to the provision and consumption of material goods, and different and unequal access to the political process that guides economic development (Kimmel, Men, masculinities and development, 2004).

Time and history cause changes in the different societies of the world. To quote Reddock (2000): *"a change toward a more egalitarian society is possible, a change that could fulfill the potentials of all human beings – women and men."*

In the Caribbean, two main feminist development frameworks are known for their efforts on development especially for women with the aim of helping to integrate women into the national economies of their countries: Women in Development (WID) and Gender and Development (GAD). WID tends to focus on practical needs, whereas GAD focuses on both practical needs and strategic interests. In Latin America, women's movements and feminist thinking is emerging more and more, and several Latin American and Caribbean Feminist Encounters have been held since 1981. Third World and black feminists (Aurde Lorde) focused specifically more on issues of race, ethnicity, culture and the (urban) poor and indigenous issues like those written by Rigoberta Menchu in her diary (Connely, Murray Li, MacDonald, & Parpart, 2000; Landa, Maxwell, & Smith, 2001).

The post-modernist historian Joan W. Scott invites historians to reconsider the way history has typically been written, namely a tradition of writing history without giving gender an explicit analytic role. Scott calls for placing gender as the primary analytic category through which historians can study other social norms, concepts, institutions, organizations and relationships: "*to bring women from margins to center"* (Scott, 1999, p. xi). She stated, *"our goal is to discover the range in sex roles and in sexual symbolism in different societies and periods, to find out what meaning they had and how they functioned to maintain the social order or to promote its change"* (p. 29). One might ask: Does gender come before sexuality or does sexuality come before gender in historical analysis? According to Scott's position, gender comes before sexuality. Sexuality is analyzed historically through the analytic lens of gender (Scott J.,1999).

1.9.5 Gender-Based Violence

Gender-based violence is a phenomenon deeply rooted in gender inequality and continues to be one of the most notable human rights violations with all societies. It is intrinsically linked with gender stereotypes and discriminatory norms that underline and perpetuate such violence. It is an

extreme manifestation of patriarchal power inequalities, where some men resort to violence to exert control and power over the bodies of women, girls, boys and other men (Shahrock & Edstrom, 2015).

Gender-based violence against women are terms that are often interchangeable as it has been widely acknowledged that most gender-based violence is inflicted on women and girls by men. However, using the gender-based aspect is important as it highlights the fact that many forms of violence against women are rooted in power inequalities between women and men. The terms are used interchangeably, reflecting the disproportionate number of these particular crimes against women (European Institute for Gender Equality, 2019).

1.10 Summary

Domestic violence and Intimate Partner Violence are mentioned in several countries as a public health problem and also as a violation of women's human rights (World Health Organization, 1996b). The World Health Organization (WHO) indicates that about **1 in 3** (35%) of women worldwide have experienced either physical and/or sexual intimate partner violence. Violence can negatively affect women's physical, mental, sexual and reproductive health. Many studies have found an association between IPV against women and negative social and health consequences for children, including anxiety, depression, poor school performance and negative health outcomes (WHO, 2014).

Prior studies executed in Aruba by Government Departments, NGO's and private investigations the last 5 years indicate that domestic and intimate partner violence can also be considered as a public health problem and a violation of women's human rights and that women's and children's health and wellbeing are being affected. In the last five years not only women have been killed by their partner but also young kids have lost their lives because of severe maltreatment by a (step)parent. Bullying and fights among youngsters, alcohol and drug abuse are taking place more and more. Teen age pregnancy and drop-outs are forming a new generation that is not dedicating their youth to study or to improvement of their situation. This attitude is causing more problems to parents, educators and government in all aspects.

These are reasons enough to consider and to conclude that a thorough study of the causes of domestic and intimate partner violence are highly needed, with the purpose to combat domestic and partner violence in general and to improve the well-being of the entire population. On this base the World Health Organization demands every country to conduct a national survey/inquiry especially on violence against women and children and even between partners. Conducting this inquiry on violence against women in Aruba has been an effort to comply with this important demand of the World Health Organization.

1.11 Thesis Set-up

The set-up of this thesis is planned as follows:

The thesis opened with a Foreword explaining the reasons that led to the execution of this investigation (survey) on violence against women. The foreword also contained an explanation of the chosen form in which the eight chapters containing the results of the measuring of the prevalence of Domestic Violence and Intimate Partner Violence and the negative consequences of violence against women, are presented.

Then follows Chapter 1 containing the Introduction, Chapter 2 containing information about regarding DV and IPV and prevalence studies conducted in the Caribbean, Central and South America, the United States of America, The Netherlands and Curacao, and Chapter 3 explaining the methodology used when developing the questionnaire, the field work collecting the data. This chapter closes with information about the qualitative study containing fourteen interviews with persons who, as professionals, deal daily with Domestic Violence, Intimate Partner Violence and their consequences. It also contains an interview with a victim of Domestic Violence being a child and an interview of a victim of IPV. The eight following chapters are about the prevalence of IPV, the prevalence of DV before adulthood, the demographic data and the risk factors, the negative consequences of IPV, findings regarding transgenerational violence, stopping and preventing violence and seeking help, relations between IPV violence and the severity of the inflicted violence and profile of victims and perpetrators and the last chapter contains the results of the measuring of stalking in Aruba.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In this chapter an overview is given of the search and selection of the literature and the topics that were chosen as needed for the topics that would be studied and analyzed. The central topics were Domestic Violence and Intimate Partner Violence which expanded with important topics related to these main topics. The central research question focused on the extent (prevalence), nature and consequences of the violence that women had experienced in the relation with their husband or partner, making the search for literature on these topics necessary. Important was also the literature on the negative consequences that the categories of psychological or mental abuse, physical and sexual abuse can cause on the health of the victims.

Another important aspect of this study required literature of the Caribbean and Latin America because Aruba is part of this region. This fact implicated the necessity of searching for literature in more than one language. The most important articles were written in English, with English being recognized as a universal language often used in scientific studies. For Latin America, Spanish is the most important language and even the fact that most scientific work is written in English didn't make the Latinos abandon their native tongue for publishing in English. Some scientific literature can be found in Spanish as in English. It needs also to be mentioned that many studies conducted in The Netherlands use Dutch, as the official language of The Kingdom of The Netherlands. For Aruba, being part of this Kingdom and having learned Dutch as a second language, this facilitates the people of Aruba having accessibility to these studies. Therefore, several studies conducted in The Netherlands were chosen to be used for analyzing the results of this study.

Legislation on this topic is very important. There are different international treaties on this topic, like The Convention for the Protection of Human Rights and Fundamental Freedoms; The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, better known as Treaty of Belem do Para and the last Treaty on this topic known as the Convention of Istanbul. This led to mentioning the existing national legislation protecting women against violence, such as the first paragraph of the Constitution of Aruba, containing some important human rights, such as the article prohibiting any form of discrimination.

A topic that cannot be missed in this chapter is the various theories explaining the causes of domestic violence and Intimate Partner Violence. And neither can be missed several definitions regarding the main study of domestic and intimate partner violence.

2.2 Literature Search and Selection

The first step of search and selection of literature was buying textbooks explaining what domestic/ partner/family violence is, kinds of abuse, prevalence, frequency, severity, the causes, and negative consequences of abuse, child abuse and elderly abuse. Several of these textbooks are in Dutch,

Dutch being one of our official languages. With Aruba as part of the Kingdom of The Netherlands, Aruba's education and law system is based on that of The Netherlands. For the same reason, the University of Aruba has access to Dutch scientific libraries at different Dutch universities and other scientific libraries like Boom Juridische Uitgevers; Verwey-Jonker Instituut; WOD Cand, also with the Ministry of Justice (Ministerie van Justitie).

The second step was searching and selecting articles in electronic databases of journals on the internet in Dutch, English and Spanish often conducted via Google Scholar and EBSCO in the area of women studies, family studies and interpersonal violence, PubMed and PsycINFO and Web of Science. The most visited scientific journals were *Violence Against Women in Families and Relations, American Psychological Association*, several Universities Press Ltd, *Journal of Family Violence and Journal of Marriage and Family* and SAGE publications. Keywords: domestic/ family violence, intimate partner violence, violence against women, child abuse, elderly abuse and stalking.

The third step was selecting books and book sections and articles on IPV and violence against women, especially on studies conducted to investigate or to measure the extent, nature and consequences of Domestic Violence, IPV and violence against women and risk factors of victimization. This step also involved searching and selecting books and articles about stalking.

The fourth step was selecting books and articles on domestic, family violence and IPV theories perspectives and, last but not least, books and articles on quantitative and qualitative methodology and also on interviews.

The last two years books and journal articles but especially reports from the World Health Organization and the Pan American Health Organization were available from Australia through Academia.

Most of the above-mentioned literature is written in English and Dutch. The wish and hope for this research was to read as much as possible literature from the English and Spanish speaking Caribbean and Mid and South America publications, but obtaining textbooks or articles from the region was quite challenging. Quoting Dr. Alissa Trotz on this: *"I read Caribbean newspapers online regularly, and I am constantly amazed by how little coverage there is of what is going on right at our backdoor. We seem to really lack a hemispheric consciousness"* (Trotz, 2008).
Still, some studies on this subject conducted in the Caribbean and Latin America countries and written in Spanish were obtained.

Table 1: 1-A List of Theoretical References (DV/IPV & Family Violence)

Literatures	Study Topic	Author(s)	Resulted in
Textbooks	DV/IPV Textbooks, National and WHO, PAHO and Unicef Reports about Domestic and Intimate Partner Violence	Almeras, D&C (2012) violencia mujeres Chile Claramunt (2007); Asbroeck (2005); Barnish (2004); Goderie & ter Woerds (2005); Greenfeld, Rand, Craven, Klaus, et al (1998); Aschcroft (2001); DV Report; Janssen, Wentzel, Vissers (2010); Ministerie van Justitie (2002); DV/publ.zaak; Naber, P (2001); Heise, Elsberg, MGottemoller (2002) ending violence Mak, Steketee, Schuur (2007); partnergeweld; Renckens, C. (2004-2005) psychisch geweld; Renzetti, C. (2009) Economic stress+DV; WHO & PAHO (2012) violence on women; MinvJust (2002) privegeweld, publieke zaak; Caceres-Urena,Estevez-Then (2004) DV. StDomingo; Lo Fo Wong, S. (2006) Family's doctor role in IPV;	Q4; Q 1,2 Q1;2; Q1;2;3;4;6; Q1;2;3;7; Q1;3; Q1,2;8; Q1,2; Q1,2;4; Q1,2; Q1;2; Q4; Q4; Q4; Q4; Q4; Q4; Q7;

Table 2: 1-B List of Theoretical References (Gender – Health Consequences of IPV)

Literatures	Study Topic	Author(s)	Resulted in
	Gender: studies regarding gender, masculinity, LGBTQ	Felson, R (2002) violence and gender reexamined; Narain, G (2010); The Boy Problem Heise, Elsberg, Gottmoeller (2002) overview gbv;	Q4**;** Q1,2; Q4;
	Women abuse: physical,emotional, personal, physical and sexual	DeKeseredy, W (1997); women abuse GarciaMoreno, Guedes, Knerr (2012) Who/Paho UN: indicators to measure VaW (2007); CDM (2005) violence mujeres Honduras; Bott, S et al (2017) VaW in LatinAm+Caribbean;	Q.1 Q1;3; Q1;5; Q4; Q1;7
	Demographic and Risk factors data: Especially demographic data from Aruba	CBS population & housing (2010); CBS Aruba's child profile (2010); CBS Vulnerable groups (2010); Capaldi, Knoble, Shortt & Kim (2012); Eelens, Aruba's demographic profile (1991); Asbroeck, v S (2005);	Q1;2;3;8; Q1;3; Q1;2;3; Q1;3; Q1;3; Q1,2;4
	Health consq of IPV: consequences caused to the health of victims of DV and IPV, especially to children and women.Reports from the Health Department of Aruba, CBS, and WHO	Dept. Public Health, CBS, STEPS etc (2007); Dir. Volksgezondheid (2018); WHO (2006) multistudy on women's health; Krug, Dahlberg, Merci, Zwi et al (2002); Shipway, L (2004); handbook health prof.; Australian Women's Health Netw (2014); WHO report (2002) on violence and health; Eelens. F (2007) Healthcondition Aruban pop; CDCP (2006) Factsheet partner violence; Dufort, Stenbacka, Gumpert (2014) physical viol; Dillon, Loxton, Hussan (2013) mental, phys, IPV; Hall, Chappell, Parnell, Seed, Bewley (2014) IPV; Rickwood, Thomas, Bradford (2012) measures;	Q1;3;4; Q1;3; Q1;3;6; Q1,2; Q1,2,4; Q1,3; Q4;7; Q4; Q4; Q4; Q4; Q4; Q7

Table 3: 1-C List of Theoretical References (Perpetrator-Prevalence Surveys)

Literatures	Study Topic	Author(s)	Resulted in
	Perpetrator: journal articles on perpetrators and their characteristics	Dutton, Golant, & Pijnaker (2000); Dutton, D (1998); abusive personality;	Q1;3;6; Q1;3;6;
	Children's exposure: articles about the reactions and consequences on children who have been exposed to domestic violence	Hamby, Finkelhor, Turner, Ormrod 2011; Lunnemann & Pels (2013); Unicef: Aruba's child situation (2013); Lourenco, Baptista Senra, Almeida et al (2013)	Q1;3; Q1;3;5; Q1;2;3; Q2;4;
	Theory: different theories about DV/IPV and violence in general	Raine, A (2013); The anatomy of Violence Bleier, Bowles, Klein et al (1990) De Boer, M (2009); Johnson, M (2008); Kurst-Swanger & Petcosky (2003); McClennen, J (2010); MacKinnon (1994) Feminism unmodified; Reinharz, (1992) Feminism social research; Ryan, B (1992) Feminism+women'smovem; Bandura, A (1977) Social Learning Theory;	Q1;3; Q1,2; Q1,2; Q1,2; Q1;2;4;8 Q1,2;4; Q2; Q1;2; Q2; Q3;5;
	Prevalence surveys: studies about prevalence of IPV, especially in the Netherlands, Curacao and the Caribbean	Tjaden & Thoennes (2000 July); full report vanWijk, N (2012) Curacao; Walby, Allen (2004); British Crimesurvey; UNWomen (2018) Prevention in the Caribbean; Bruinsma & Lunneman (1996); Romkens, R (1989/1992); Smith, Edwards & DeVellis (1998); UNwomen (2018) Prev. in the Caribbean; Black, Basile, Breiding, Smith et. al (2011); Wal, van der (2008): Jeugddelinquentie Aruba; UNWomen (2018) Prev IPVC Jam.Trin+Tobago; Van Parys, A & Leye, E (2015) prevention Brussel; Cho,Velez-Ortiz, Parra-Cardona (2014) prev IPV;	Q1;2;3;4;8; Q1;2;3; Q1;3;7; Q1;7; Q1,2; Q1,2;7; Q1,2; Q1.2; Q3; Q1; Q3;6; Q4; Q4;

Table 4: 1-D List of Theoretical References (Prevention - Child Maltreatment)

Literatures	Study Topic	Author(s)	Resulted in
	Prevention: especially reports from WHO, PAHO, UNICEF on how to prevent DV/IPV	WHO (2014) Global report on prevention; WHO (2010) Preventing IPV/Taking action Davis, R (2008) DV, intervention, prevent. policies;	Q1;3; Q1;2;4; Q7;
	History: regarding the rights of women during the last century	Allen, R. M. (2007); UNA & MINBIZA (2010) Vrouwen N.A.+Aruba	Q1;2; Q1,2;
	Research guide: Handbooks and articles regarding how to prepare a survey or investigation regarding DV/IPV	Ellsberg & Heise (2005); WHO, PATH Garcia-Moreno (2001); Hamby, BoneyMcCoy, Sugarman (1995); Hart & Klein (2013); indication IPV research; Thompson, Basile, Hertz, Sitterle (2006); UN (2007) Indicators measuring violence to women;	O1,2;4; Q1,2;8; Q1,2; Q1; Q1,2;8; Q3;5;
	Other: a study on youth deliquency	Wal, van der: Jeugddelinquentie;	Q1

Table 5: 2-A List of Journal References (DV/IPV & Family Violence)

Literatures	Study Topic	Author(s)	Resulted in
Journal Articles	DV/IPV: scientific journals on DV/IPV and the traumas they cause	Piispa (2002) Patterns of VaW in heterosex relations; Richardson, J (2002) Identyfing DV; Walker, L (1999) psychology+DV around the world; Caetano, Field, Ramisetty-Mikler, McGrath (2005) Platt, Barton, Freyd (2009) trauma perspective; Biden, J (1993) VAW/Congressional response;	Q1;3; Q1;3; Q1; Q3; Q4; Q8;
	Family Violence: studies on emotional impact of intrafamiliar violence	Levesque, R (2001)Culture + Family violence;	Q1;
	Childmaltreatment: emotional and other impact	Thornton,V (2014) Emotional impact DV on children; Dept. Health+HumanServices (2011) htpss://www. acf.hhs.gov/sites/default/files/cb/cm 11.pdf.	Q2; Q2;
	Gender: IPV and sexual violence and gender	Hamby, S (2014) IPV+sexual violence+gender; Shahrock, T & Edstrom, J (2015);	Q7; Q4;
	Women abuse: impact of abuse on women	Anderson, D (2003): impact on subseq violence; Dixon, L& Browne, K (2003) Heterogeneity spouse abuse; Garcia-Moreno, Guedes, Knerr (2012) VAW;	Q3;Q;8; Q6; Q7;
	Theory: different theories regarding DV/IPV	Buck, Leenaars, v Marle (2012) Attachment and IPV; Cares, A (2009) Transmission IPV across generations; Kearny, M (2001) Women's experience of DV; Fleury, Sullivan, Bybee (2000); ending relation; Baruch, Y (1999), Response rate in Academic studies;	Q.5; Q5; Q7; Q7; Q8;

Table 6: 2-B List of Journal References (Demographic-Children's Exposure)

Literatures	Study Topic	Author(s)	Resulted in
	Demographic and risk factors: diferent socio and demographic factors that make violence likely to happen	Bergemann, Serocsynsky (1998) genetic influences;	Q3;
	Health consequences IPV: physical, mental and sexual consequences of violence suffered by women	Dillon, Loxton, Rahman, Hussan (2013); mental health; Dufort, Stenbacka, Gumpert (2015) suicida lattempts; Fredes, M (2014) roldel ginecologo; Hall, Chapell, Parnell, Seed (2014) termination pregnancy;	Q4; Q4; Q4; Q4;
	Perpetrator: about especially men who are likely to become a aggressor against women	Dutton, Starzomsky, Ryan (1996); WhitakerHaileyesus, Swahn, Saltzman (2007); Saunders, D (1992) Atypology of men who batter; Waltz, Babcock, Jacobson, Gottmann (2000); Langinrichsen-Rohling, Huss, Ramsey (2000)	Q1;3; Q1; Q6; Q6; Q6;
	Children's exposure: the impact violence has on children who have been exposed to violence against their mother	Wolak & Finkelhor (1998); Miller, v Zomeren-Diohm, Howell, et al. (2014); Rakt, v.d, Nieuwbeerte, Graaf (2006) Zo vader zo zoon; Smith, C & (2004) continuities antisocial behavior; Hamby, Finkelhor, Turner, Ormrod (2011);	Q4; Q5; Q5; Q5; Q6;

Table 7: 2-C List of Journal References (Prev. Studies-Stalking)

Literatures	Study Topic	Author(s)	Resulted in
	Prev.surveys: studies on prevalence of DV/IPV	Groves, Presser & Dipko (2004); Van Der AA, S & Kunst, M (2009) Stalkingin Netherl;	Q1;8; Q8;
	Prevention, ending abuse. Helpseeking: journal articles about stopping, preventing violence and seeking help	Mercy, Saul, Hillis, Unicef for every Child, https://www.unicef-irc.org/article/983-importan-of-integr-effortsto prevent vaw +children.html.; Amanor-Boadu, Messing, Stich, Anderson (2012); Burke, Carlson Gielen, McDonnell, et al (2001); Cakar, F & Savi, S (2014) help-seeking; Drijber, Reijnders, Ceelen (2009); Kyriakakis, S (2014) Mexican immigrant women seeking; Mowder, M., Lutze, F & Namgung (2018) Ayudame!; Wilson, Deane, Ciarrochi, Rickwood, (2005);	Q3; Q7; Q7; Q7; Q7; Q7; Q7; Q7;
	History: of child abuse and definitions	SAGE:History+Definitions of Child abuse: us.sage Pub.com/sites/defaults/files/upm-assets/47853 pdf;	Q2;
	Research guide: scales and sample size for research	Krejcie & Morgan (1970) Sample size for Research; Straus, M (1979febr) The Conflict Tactic Scale; Straus, Hamby, McCoy, Sugarman (1996) revised CTS;	Q1; Q1;2; Q7;
	Stalking: different journal articles regarding stalking and why it is considered as a form of IPV	Blaauw,Winkel, Arensman, Sheridan, Freeve (2002); Burke Draucke r(1999), Living in Hell; De Smet, Uzieblo, Loeys, Buysse, Onraedt (2015); Groenen, A (2002) De belager belaagd; James, Farnham, (2003) stalking+serious violence; Kamphuis, J & Emmelkamp, P (2000); Korkodeilou, J (2014) Dealing with theunknown; Korkedeilou, J (2016) No place to hide;	Q8; Q8; Q8; Q8; Q8; Q8; Q8; Q8;

		Kurt, J (1995) Stalking as a variant of DV; Mechanic, Weaver, Resick (2000) IPV+stalking behav; Pathe, M & Mullen, P (1997) the impact of stalkers; Royakkers, L (2000) Dutch approach of stalking laws; Scott, Rajakaruna, & Sheridan (2013) framing stalking; Sinwelsky, S (2001) Constant threat of violence; Spitz, M (2003) Stalking terrorism at our doors; Whitford, H & Howells, K (2000) Stalking + DV relations	Q8; Q8; Q8; Q8; Q8; Q8; Q8;

2.3 Theoretical Perspectives on Domestic Violence

Over the years, researchers and scholars have developed quite some models and theories to explain abuse in the family. Theories are important because they help us explain aspects of our world. Because family violence is so complex, the attempts to explain family violence have resulted in many theoretical models, each with specific theories and appropriate levels of analysis. Each model and the corresponding theories can explain only certain variables. Because some of these models overlap each other, a choice has been made to mention and explain the generally most important and used theories and the theories used in this thesis. The first model mentioned is the following overview of theoretical theories given by Kurt-Swanger and Petcosky (2003).

2.3.1 Studies on an Individual Level Like Psychiatric/Psychopathological Model

"Medical model": views family violence as the result of the psychopathology of individual family members (e.g. mental illness, personality disorders, alcoholism, etc.). Raine (2013) also has written on this theory. Individual-level explanations of domestic violence draw on developmental and personality theories. They suggest that interrelated factors such as early abuse trauma, harsh, shaming, disrupted parenting, insecure or disorganized attachment styles, personality disorders, anger, depression, emotional difficulties, substance misuse problems or low self-esteem explain why some men become violent to their partners (Heise, Elsberg, & Gottmoeller, 2002). Feminists and other critics have argued, however, that some of these associations emerge as a consequence rather than as a cause of domestic violence, or because abusive men blame their behavior on other problems to excuse it (Barnish, 2004).

2.3.2 Studies on Meso Level Analysis

These are studies about social problems from the group level such as the **Socio psychological model,** which explains family violence in terms of family interaction patterns and relationships between individual family members. Examples include Traumatic Bonding Theory; Stress Theory; Resource Theory; Interactionist Theory; Power Theory; Exchange/Social Control Theory; Socio-biological Theory; Social Learning Theory or Intergenerational Theory, based on the work of Albert Bandura; Social Learning Theory; and Social Conflict Theory.

2.3.3 Studies on Macro Level Analysis

These studies view social problems in terms of the larger societal structures and organizations that affect it, like the **Social/Cultural Model**, which explains family violence in terms of socially

structured variables. Examples include Culture of violence theory; Cultural approval of violence Perspective; Subculture of violence Perspective; Patriarchal-Feminist Theory; Environmental stress and Strain Theory, and Political Economy Theory.

2.3.4 Multidimensional Model

This model explains family violence in terms of all the variables that could affect the situation. For example: General Systems Theory and Ecological Theory. General Systems Theory concerning family violence assumes that no conceptual framework explains adequately family violence. Therefore, they are broad-based conceptions. They include theories based in the cultural acceptance of violence, patriarchism, peer influences and family analysis. Ecological Theory, when analyzing violence, takes into consideration several factors that have influence on the environment of the victim, such as poverty and family stress. Well-known Ecological Theories are the Social-ecology Theory developed by Murray Bookchin and the Bronfenbrenner Theory developed by Urie Bronfenbrenner. Bookchin's theory refers to a coherent system of biophysical and social factors (social economic and cultural). Bronfenbrenner explains how the inherent qualities of children and their environment interact to influence how they grow and develop. A similar overview explanation of these theories is given by Barnett, Miller-Perrin & Perrin (2005) in their book *Family Violence across the Lifespan* An ecological perspective is compatible with both feminist and social learning perspectives and provides a useful integrating framework for understanding and addressing domestic violence, which is viewed as the result of interacting variables at various levels of social systems (Saunders, 2001).

2.3.5 Social Learning Theory

The Social Learning Theory maintains that individuals learn social behaviors by observing and imitating other people. Thus, their aggressive behaviors are learned through operant conditioning and observing behaviors in role models. This theory attempts to explain the presence of intergenerational transmission of violence (Bandura, 1977). Children who grow up in violent/abusive families may learn violence/abuse and individuals who were abused in childhood are at greater risk for abusing their own children in adulthood live behaviors (Cappell & Heiner, 1990). This study dedicates a special inquiry section, chapter 4.5, containing 11 questions with the purpose to measure the reaction of the participants to their child's behavior. The findings and eventual correlations are described in this chapter.

2.3.6 The Evolutionary Theory

A new theory is presented by Eswaran and Malhotra (2008), stating that domestic violence stems from paternity uncertainty, using the National Family Health Survey data of India for 1998-99 in a non-cooperative model of household bargaining that incorporates DV as an instrument for enhancing bargaining power over household resource allocation. Because the paternity of children was never certain in their evolutionary past, natural selection would have favored proprietary behavior by males, regarding sexual access to their mates. DV in this view stems from the

insecurity and jealousy that males feel when their partners are exposed to the possibility of sexual encounters with other males. This new theory was only mentioned out of curiosity, as a new theory that has not been studied or developed nor used as any model, and is based on experiences of one country, namely India. No other studies regarding this theory have been found in studies about DV/IPV.

Researchers Hyde-Nolan and Juliao (2012) have published extensive divisions and subdivisions on theoretical categories of DV and IPV. Some of these categories like Family systems theories, Learned Helplessness and Ecosystem factor (Social-ecological) theory will be referred to and explained in chapters elaborating on specific topics regarding DV and IPV.

Table 8: Table of Chosen Theories Used in this Thesis

Theories based on	Contents	Chapters
Individual level: "medical model": views violence as the result of psychopathology of individual family members.	Mental illness, personality disorders, alcoholism, early abuse, shaming, disrupted parenting, insecure or disorganized attachment styles, personality disorders, anger, depression, emotional difficulties, substance misuse	4.1, 4.2, 4.5, 4.7, 4.8
Meso level Analysis: Social psychological model.	Sees family violence as: Family interaction patterns and relationships between individual family members. Ex: Traumatic Bonding Theory, Stress Theory, Resource Theory, Interactionist Theory, Power Theory, Exchange /Social Control Theory, Socio-biological Theory, Social Learning Theory or Intergenerational Theory, Social Conflict Theory	4.1, 4.2, 4.3, 4.5, 4.7
Macro level Analysis: Social/Cultural Model: view social problems in terms of the larger societal structures and organizations that affect it.	Explains family violence in terms of socially structured variables. Ex: Culture of Violence Theory; Cultural Approval of Violence Perspective, Subculture of Violence Perspective, Patriarchal-Feminist Theory, Environmental Stress and Strain Theory, and Political Economy Theory.	4.1, 4.2, 4.3, 4.5, 4.7, 4.8
Feminist Theory: This theory was applied in the entire questionnaire by using questions (variables) such as measuring emotions/feelings and indicating the perpetrator and the option "Other" where participants could speak out about their lived experiences or add another option that had not been offered. On the last page of the questionnaire the participants could write down their thoughts about the survey and give their opinions and suggestions.	Theory against Patriarchal domination and subordination of women, awareness of the oppression, and/or subordination within society and the conscious action to change and transform that society (Reddock). Movement to end sexism, sexist exploitation and oppression (Hooks). Even in countries where women have formal socio-economic equality, men's power position over women persists. She theorizes 'patriarchy' in terms of how 'love' as socio sexual practice, is politically organized and love power exploited. "Feminist theory must identify and focus on society's socio processes and look back into history to observe how the web of institutionalized social relations, including sex, is patterned and understood differently in different periods".	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.9.

Multidimensional Model: this model explains family violence in terms of all the variables that could affect the situation.	Ex: General Systems Theory and Ecological Theory. An ecological perspective is compatible with both feminist and social learning perspectives and provides a useful integrating framework for understanding and addressing domestic violence, which is viewed as the result of interacting variables at various levels of social systems.	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8
Social Learning Theory:	Maintains that individuals learn social behaviors by observing and imitating other people. Their aggressive behaviors are learned through operant conditioning and observing behaviors in role models. Bandura (1977) attempts to explain the presence of intergenerational transmission of violence: children who grow up in violent/abusive families may learn violence/abuse and individuals that were abused in childhood are at greater risk for abusing their own children in adulthood live behaviors.	Especially ch.4.5

2.4 Historical Overview

Violence has existed since the beginning of the earth. Even the Holy Bible narrates about some homicides like the murder between siblings. I am referring to Kain murdering his brother Abel due to jealousy (Genesis 4.8). Cruel violence against women is mentioned in Judges 19 – 21 where a group of an enemy tribe came to the house where a man from the tribe of Levi was staying with his concubine to violate him. He offered his concubine to them to save himself because violating him would be something very indecent for a Levite. They took the woman with them and gang-raped her and left her dying in front of the door of the house where her partner was staying. This cruel incident was followed by kidnapping and raping other women of the enemy tribe as vengeance. There are many more examples mentioned in the Bible of women being abused, especially gender-based abuse in patriarchal societies where women had no rights and men were expected to have power over women. Only Jesus Christ showed compassion to women narrated in the Gospel of the Apostle John (John, 8) where a group of men wanted to kill a woman accused of adultery by throwing stones at her. Christ walked closer to the group of men surrounding the woman and ready to stone her. He bent down and wrote something unknown till now in the sand. Then he looked at the circle of men and said to them: “He, who is without sin, throw the first stone. “None of them did that and one by one left, starting with the elder ones, dropped the stone and walked away. This is a clear example of punishing a woman for adultery and not the man who together with her committed adultery. It is a clear example that men had more rights than women and those women were considered the evil ones. In Genesis, it is Eve that seduces Adam by offering him an apple of the forbidden tree and not the other way round. All through history till the day of today, women have been and are being victimized. In some countries, men are still allowed to punish their wife, even because he did not like the food she prepared.

Theories of domestic (family) violence were not formed until the middle of the 19th century. Domestic (family) violence was not recognized as a social problem because the family was viewed as a private entity (Kurst-Swanger & Petcosky, 2003; Justitie, 2002). Many of the initial actions for the protection of women were the results of grass-roots efforts by feminists. It started with the

Seneca Falls Convention in 1848 with leaders like Lucretia Mott and Elizabeth Stanton in the USA. The modern feminist movement that arose in the 1960s, renewed public interest in the problem of subordination of women, including the issue of inequality in marital relationships (Barnett, Miller-Perrin, & Perrin, 2005). The women's movement of the 1970s in the United States brought the issue of intimate partner abuse into public view (MacKinnon, 1987 ninth printing 1994; Hooks, 2000; Antrobus, 2004; Jenainati & Groves, 2007; Hannam, 2007). But unfortunately, there were two key items that triggered change on this topic, in the USA: the public death of Nicole Simpson and her alleged boyfriend in 1994, followed by a televised car chase to arrest her former husband, the football player O.J. Simpson, and then followed by his also televised trial. The second items were two TV movies: 'The Burning Bed' by Farah Fawcett and the movie on the life of the famous singer Tina Turner. In 2002, the World Health Organization recognized violence between family members and intimates as a global health problem (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). With the recognition of family violence as a full-fledged social problem came the connected belief that family violence should not be tolerated and that perpetrators should be punished, because domestic (family) violence finally was recognized as a crime and that the victims should be protected from abuse (Barnett, Miller-Perrin, & Perrin, 2005). During the last two decades several radical changes in handling domestic violence took place, from private non-intervention to criminalization of women abuse in all its forms, marital rape and stalking to forbidding the perpetrator to enter his house for a period of a month, all for protection of the mother and her children (Landsverordening Tijdelijk Huisverbod).
Aruba hasn't been different in the above-mentioned aspect of acting against violence against women, till some shocking events of the killing of a young woman by the partner of an aunt, a woman being beaten to death by her partner and especially the killing of two toddlers, one of three years and his brother of five years, by their stepfather, shocked everyone and made the community and the government of Aruba demand the stop of domestic and intimate partner violence by installing a 'Social Crisis Committee' with the task to study the causes of this problem and to present a plan to stop violence against women and children.

Women reaching out to help other women by offering victims of domestic violence options for safety in the first place and in the second place encouraging them to empowerment to be independent are recognized as the pioneers in making domestic violence public. The first call for shelter in the U.S.A was made to Women's Advocates in St. Paul, Minnesota from Emergency Social Services, asking how to help a woman with her two-year old daughter, who had fled from her abusive husband, and was looking for a job but had no place to stay. Nobody knew what to do, so they decided to arrange their office in a way that it became a shelter for this victim and her little child. The shelter that started in St. Paul became a stimulus for a domestic violence revolution that quickly circled the globe, stirring women from all walks of life, of all races, religions, and ages, and in thousands of neighborhoods to challenge men's age-old prerogative to do with women as they pleased (Stark & Buzawa, 2009). This was the beginning of the shelter idea as a safe place where women who had been abused by their partner could stay with their children.

The women's waves of feminist leaders in The Netherlands were those who started with the foundation of the first shelters for women in need. They were also those demanding the government to participate in the battle of violence against women, and in 1984 a governmental policy report was presented with the purpose of fighting domestic violence (Romkens, 2015). With Aruba being a part of The Kingdom of The Netherlands and following the Dutch example, the Foundation for Women in Need was founded in Aruba in 1994. Since then, more attention has been paid to this problem and several changes took place, especially because of the many negative consequences domestic violence caused on the whole population: negative consequences affecting the health of women and children, welfare expenses for the government, loss of work and labor hours due to absence, violent outburst and homicides, and psychological traumatic consequences to mention some. Intervention by the police was introduced and restraining orders to protect women and their children and damage compensation. Introducing 'marital rape' as a punishable act shocked most men. How was this possible? The problem was and still is that it is unthinkable for men that women have the right to *consent or not* to sexual intercourse, even with her husband or partner.

In the Netherlands a law was introduced authorizing the police when intervening in a domestic violence case and seeing that the situation looks dangerous for the woman and children, to ask the mayor of the city or village where the perpetrator lives for permission to forbid the perpetrator from entering the house and to arrest him for further handling of the case (Landsverordening Huisverbod = Act of forbidding entering the home/house). Last year the Office of the Prosecutor issued a so-called 'Aanwijzing Huiselijk Geweld', which is an instruction demand authorizing the Police, when intervening, to imprison a perpetrator who has battered or abused his wife. In Aruba three Members of Parliament introduced in 2003 an initiative bill 'Expanding criminalization of moral delicts' (Members of Parliament, 2003). One of the new articles that was added was article 298a clearly referring to and criminalizing *stalking.* The maximum prison term for stalking in the new Aruban Criminal Code is four years.

The Declaration of the United Nations of 1993 states that women's rights are also human rights. This declaration opened the frontiers for all the women in the world to introduce a claim against their country if their country has neglected to protect them properly.

The passage of The Violence Against Women Act in the USA in 1994, its reauthorization in 2000 and 2005 and passage of the Domestic Violence, Crime and Victims Act of 2004 in the United Kingdom (Stark & Buzawa, 2009) served as bases for the development of more laws to protect women and children against domestic violence. The term 'violence against women' was changed to 'gender-based violence,' indicating that this kind of violence is based on inequality of gender. International legalization in the form of Treaties has shaped in this way an international base for

protection of women. UN Sustainable Development Goals promote usage of zero-tolerance policy for political and social change to make gender equality possible (United Nations Women, 2018).

2.5 Studies on Prevalence of DV/Family/ IPV/and Stalking

The following is a review of studies on the prevalence of domestic/family/partner violence and stalking in the Caribbean, Central and South America, The United States of America and The Netherlands, including the island of Curaçao being part of the Kingdom of the Netherlands. Most of these studies are national surveys including a research of the nature, consequences, frequency, severity and risk factors of partner violence or violence against women.

2.5.1 Caribbean, Central and South America

The few studies that have addressed domestic/family violence in the Caribbean suggest that domestic violence does affect a significant percentage of women and girls in the region (WHO, 2006). Physical violence against women in the Dominican Republic lies at 22%, while emotional abuse lies at 67% (Caceres Urena & Estevez Then, 2004). Statistics on physical domestic violence are available for Trinidad: 19% (Nagassar, 2010); Barbados, Antigua & Barbuda: 30% (Heise, 1994); British Virgin Islands: 29% (Haniff, 1995). Studies on sexual intimate partner abuse found rates between 10-15% in Colombia and Brazil (Heise, 1994; WHO, 2006). Prevalence of IPV in Jamaica gives the next results: lifetime prevalence is 27.8%; physical violence: 25.2%; sexual abuse: 7.7%. In Trinidad and Tobago: physical and sexual abuse at some point in their lives by an intimate partner: 30%; emotional: 35%, economic abuse: 11% and abusive and controlling behavior by their partners (United Nations Women, 2018). Prevalence surveys on gender-based violence were planned for Guyana, Grenada and Suiname for 2019.

For women in Latin American countries, violence has been constant. Bolivia has the highest rates of domestic violence and femicide in South America, followed by Guatemala and Honduras, according to a recent 13-country study by the Pan American Health Organization. Guatemala is experiencing an epidemic of gender-based violence and femicide that particularly affects young girls and older women (Boer de & Meij van der, 2013). In Honduras victimization is double: violence within the country and gender-based violence based on patriarchal paradigms, where violence against women is considered “normal.” A survey from 2002 (Encuesta de Epidemologia y Salud Familiar ENESF) showed that from women starting at 15 years of age and older, 67% had been abused physically by their own partner, spouse or boyfriend; 27% had been abused by another member of the family and 6% by someone else known or unknown by the victim (CDM, 2005). In Colombia, hate crimes in a macho culture have led to acid attack as revenge (Mendelsohn Forman & Meachan, 2013). Domestic/family violence is one of Latin America’s most pressing social problems as each year between 10% and 35% of Latina women are physically abused by their partners (Buvinic, Morrison, & Shifter, 1999; Almeras & Magana, 2012; Cho, Velez-Ortiz, & Parra-Cardona, 2014). Buvinic and collegues argue that societies with long histories of wars are vulnerable to outbreaks of social violence. Political and social violence, availibility of weapons and high levels of poverty are associated with higher rates of domestic violence. Another

characteristic of Latin American society is the gender-based norms, which reinforce male authority and superiority over females throughout much of Latin America (machismo). This machismo is reinforced by women's roles in Latin American society, called *marianismo*, referring to the Virgin Mary in that they are capable of enduring any suffering inflicted upon them by males (Stevens, 1973; Claramunt, 2007; Almeras & Magana, 2012). Latin American women are to be submissive, dependent, sexually faithful to their husbands, and are expected to take care of household needs and dedicate themselves entirely to their husbands and children (Flake & Forste, 2006). A study (inquiry) held in two zones of Quito, Ecuador on violence against women and girls in public space, especially sexual violence, shows an alarming high percentage of sexual harassment, verbal abuse, physical assault and symbolic violence (Vitteri, Lopez, Barreiro, Pineda, & de la Torre Rojas).

2.5.2 United States of America

In the United States the most known study on violence against women in the U.S.A. is the research report on the Findings from the National Violence Against Women Survey also known as NVAWS (Tjaden & Thoennes, 2000) together with their other report on the Extent, Nature, and Consequences of Intimate PartnerViolence (Tjaden & Thoennes, 2000, July). The NVAWS documents that 1.3 billion women and 835,000 men had been physically assaulted by intimate partners in domestic violence.

2.5.3 The Netherlands

In The Netherlands the following national studies on domestic/family/partner violence are from: a. Romkens (Romkens, Geweld tegen vrouwen in heteroseksuele relaties een landelijk onderzoek naar de omvang, de aard, de gevolgen en de achtergronden, 1989/1992) on violence against women in heterosexual relationships and b. (Bruinsma & Lunneman, 1996) on violence inside and outside: nature, extent and perpetrators of domestic and public violence in The Netherlands c. van Dijk, Flight, Oppenhuis & Driesman (1997): on prevalence of domestic violence (onderzoek naar de prevalentie van huiselijk geweld); d. (Beke & Bottenberg, 2003) on the many faces of domestic violence in The Netherlands and more recent studies. (van Veen & Bogaerts, 2010): overkoepelend eindrapport Huiselijk Geweld – WODC: coordinate final report on Domestic Violence -WODC and e. (van Eijkeren, Downes & Veenstra, 2018): Victims of DV: prevalence research of the scope, nature and consequenses of victimization and perpetratorship.

2.5.4 Curaçao

In 2013 a national inquiry on domestic violence by and against men and women in Curaçao was presented (van Wijk, 2012). The results of this study indicate that one out of three people (25% of men, 38% of women) have experienced some form of domestic violence as adults and the lifetime victimization rates are 39% of men and 51% of women (van Wijk, 2012).

2.6 Other National Sources, not Concerning Prevalence, Mentioning DV and IPV as a Social Problem

2.6.1 Data from the Foundation Child and Youth Helpline (Telefoon pa Hubentud)

On April 26th, 1999, the Foundation Telefon pa Hubentud (TPH = Child and Youth Helpline) was founded. One of the most important reasons to start this foundation was because in most families, both parents are working. They don't have enough time to spend with the children, which has caused different problematic situations affecting children. This situation was also noted in a study executed by UNICEF on the situation of the children and youth in Aruba (UNICEF, 2013). The annuals of TPH reported the topics brought forward by these young people. The most mentioned topics are situations at home: relation with parents, domestic violence, physical and emotional violence, divorce of parents; at school: bullying, friendships, homework, problems with teachers, fear of failure, ambience in the classroom; relations: being in love, anti-conception pills, pregnancy, and abortion. The most reported topics by the youngsters are the problems at home: domestic violence and little communication with the parent with whom they live because most of those who call are from divorced or separated parents.

This foundation offers the youth to call them between 2 pm and 6 pm, using the telephone number 131 for any kind of help. In 2004, TPH became a member of the Child Helpline International, opening in this way the possibility for exchange in 'action planning' to reach as many children and youngsters as possible with advice. The TPH works in a preventive out-reaching way and has agreements with several organizations on the island to reach as many youngsters as possible, giving lectures and workshops on different topics, not only to youngsters, but also to adults regarding Children Rights, Values and Norms, Peer Pressure, Online Safety, Motivation, Violence, Sexuality, Sugar Daddy/Mommy, Alcohol and Drugs, Divorce, Criminality, Vandalism and Suicide. The number of telephone calls varies from 1200 – 1800 per year (Foundation Child Helpline Aruba, 2010, 2011, 2012, 2013, 2014, 2015).

2.6.2 Data from the Department of Social Affairs

The Department of Social Affairs has a section called 'Life and Family,' where children and adults are sent to receive psychological therapy. They give advice and help where it is possible on cases regarding life and family. Most of the clients are born in Aruba (68.8%), followed by those born in Colombia (8.9%) and born in Venezuela (4.8%). Most registered problems are problems between partners (31.3%), followed by relation problems between parents and children (15%). A situation that causes many problems is the fact that many households are 'complex households/family systems' (22.8%), meaning that in one household live the grandparents or one of them together with daughter and a partner and her child(ren) and to make it more difficult, maybe also an elder aunt or uncle. It is obvious that in this complex situation tensions are likely to arise causing harsh verbal treatment (mental/psychological) violence and even physical and/or sexual abuse. One out five households/families (20.5%) is formed by a single mother with children

or extended family (19.7%) (Department of Social Affairs, 2017). They also treat children and adults with traumas.

In their annual report of 2011, a chart was published showing the core of most of the problems, namely domestic violence: Problems in the relation between parents and children: fifty-three (53) cases, which is 25.6% of all cases; problems between partners: 50 cases, which is 24.5%; post-traumatic stress problems: 12% of all the cases (Marval, 2013). In the Report: Social Development: A Situational Analysis of Aruba Cases, of the Department of Social Affairs, February 2017, the most reported interventions were relational problems with partner, relation parent – child, mal-treatment, and post-traumatic stress (Department of Social Affairs, 2017). Professionals working in this section indicated, that there has been an increase in trends of domestic abuse in the last couple of years.

2.6.3 Data from the Foundation for Women in Need

This Foundation was founded on the November 24, 1995 with the purpose in the first place to offer aid and shelter to female victims and their children, but also to offer programs of conscientization, empowerment of all kinds of courses and workshops, to make women to become more independent.

Data mentioned in annual reports of the Foundation for Women in Need give an image of the number of women who come to the shelter for help. From 2001 to 2011 the average number of Aruban women who came to this shelter was 56 and the average of non-Aruban women was 62 (Foundation Women in Need, 2011). These averages show another problem that is being noticed on the island, namely the number of foreign women that are victims of domestic violence, especially from Colombia. This problem requires a separate study.

In 2017, the FHMD received 122 ambulant clients, 27 women and 37 children in the shelter; in 2017 the FHMD received 99 ambulant clients, 21 women and 21 children in the shelter; in 2018 they received 102 ambulant clients, 24 women and 24 children in the shelter (Foundation Women in Need, 2018).

2.6.4 Data from the Governmental Agencies and Foundations

The government agencies and foundations in Aruba that take care of abused children like the Sustain Me Foundation (Fundacion Sostene Mi) and the Guide Me Foundation (Fundacion Guia Mi) also declared that domestic violence causes damage to children. This is consistent with the world-wide scientific literature (Garbarino, 1977; Mak, Steketee, & Schuur van der, 2007; Lourenco et al., 2013).

A big concern is that all of these agencies, governmental or non-governmental, have to deal with a big work burden while, at the same time, not having sufficient professional personnel (Marval, 2013).

The abovementioned information gathered by governmental and non-governmental agencies working in this field, can be considered as a proof of the need for this research on domestic violence and IPV.

2.7 Feminism and the Protection of Women and the Family Against Violence

Theories of domestic (family) violence were not formed until the middle of the 19th century. Domestic (family) violence was not recognized as a social problem because the family was viewed as a private entity (Kurst-Swanger & Petcosky, 2003). With the recognition of family violence as a full-fledged social problem came the connected belief that family violence should not be tolerated and that perpetrators should be punished because domestic (family) violence finally was recognized as a crime and the victims should be protected from abuse (Barnett, Miller-Perrin, & Perrin, 2005).

Many of the initial actions for the protection of women were the result of grassroots efforts by feminists. It started with the Seneca Falls Convention in 1848 with leaders like Lucretia Mott and Elizabeth Stanton in the USA. It started as a women movement seeking equal voting rights (suffrage). The ladies fighting for this essential right, were called 'suffragettes' and used often the phrase: 'Feminism is the struggle to end sexist oppression.' It started with the so-called first wave having as one of the leaders Abigail Adams, the wife of the second president of the USA, John Adams. Other well-known suffragettes were Mary Wollstonecraft and Mary Godwin. Virginia Woolf and Betty Friedan were from the second wave. There was also the Black Women's Feminism with members like Angela Davis, Rosa Parks, Sojourner Truth, Bell Hooks and Alice Walker. The Black Feminism women, who were also writers, examined the marginalization of black women in contemporary feminist activism and theory. In France Simone the Beauvoir became the most known advocate for equal rights for women. In the Netherlands this movement got the disapproval name of "Dolle (mad) Mina," named after the Dutch Feminist leader Wilhelmina Drucker (first wave 1880-1925). The writer and scientist MacKinnon became one of the most famous of modern Feminism. The modern feminist movement that arose in the 1960s renewed public interest in the problem of the subordination of women, including the issue of inequality in marital relationships (Barnett, Miller-Perrin, & Perrin, 2005). The women's movement of the 1970s in the United States brought the issues of intimate partner abuse into public view (MacKinnon, 1987 ninth printing 1994; Hooks, 2000; Antrobus, 2004; Jenainati & Groves, 2007; Hannam, 2007). In 2002 the World Health Organization recognized violence between family members and intimates as a global health problem (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Malala Yousafzai, a young girl from Pakistan who dared to demand education for girls in Pakistan was shot by the Taliban but survived and lives now with her family in the USA where she is receiving higher education. For her bravery and her constant plea for equal education for girls and women's equality, especially in countries where girls and women are subordinated, she received the Nobel Prize for Peace. In many Islamic countries and other developing countries, women are still oppressed.

2.8 Legislations on Protection of Violence Against Women

Because DV/IPV/Relational violence occurs in every country and stratus of the population, irrespective of sex, class, age, standard of living, education and ethnicity, it is said that domestic (family) violence doesn't discriminate (Evers, 2006). The struggle led by the Feministic women against subjection and maltreatment of women was one of the principal reasons that led to legislation on the protection of especially women.

2.8.1 International Legislation

The Universal Declaration of Human Rights and the Convention for the protection of Human Rights and Fundamental Freedoms.

The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. Drafted by representatives with different legal and cultural backgrounds from all regions of the world, the Declaration was proclaimed by the United Nations General Assembly in Paris on 10 December 1948 (*General Assembly resolution 217 A*) as a common standard of achievements for all peoples and all nations. It sets out, for the first time, fundamental human rights to be universally protected. It has been translated into over 500 languages. After the degrading acts against humanity committed against the Jewish people in the Second World War, most Nations of the Western Hemisphere came together to condemn what had happened and to prevent this from being repeated. The Universal Declaration for the protection on Human Rights and Fundamental Freedoms became a fact. This Declaration was signed in Rome, Italy on November 4, 1950, considering the Universal Declaration of Human Rights proclaimed by the General Assembly of the United Nations on December 10, 1948. The first three articles are as follows:

Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, *without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status.* Furthermore, no distinction shall be made, on the basis of the jurisdictional, political or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3

Everyone has the right to life, liberty and security of person.

This Declaration of Human Rights offered protection against abuse of women based on these three first articles.

The Convention on the Elimination of ALL Forms of Discrimination: CEDAW

This is a treaty specially designed for protection of women all over the world in the form of the realization of the UN-Treaty against all kinds of discrimination against women. The Convention on the Elimination of All Forms of Discrimination Against Women, better known as **CEDAW, or the Treaty for the Rights of Women** was adopted by the United Nations in 1979 and is the most comprehensive international agreement on the basic human rights of women (Amnesty International, 2005).

The Convention defines discrimination against women as *"…any distinction, exclusion or restriction made on the basis of sex, which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."* This Treaty was specially designed as protection against all kinds of women abuse, which was categorized as a form of *discrimination.* The connection with gender roles was stated as follows:

> *Article 16 (and article 5) Family violence is one of the most insidious forms of violence against women. It is prevalent in all societies. Within family relationships women of all ages are subjected to violence of all kinds, including battering, rape, other forms of sexual assault, mental and other forms of violence, which are perpetuated by traditional attitudes. Lack of economic independence forces many women to stay in violent relationships. The abrogation of their family responsibilities by men can be a form of violence, and coercion. These forms of violence put women's health at risk and impair their ability to participate in family life and public life on a basis of equality* (Atria, Kennisinstituut voor Emancipatie en Vrouwengeschiedenis, 2014).
>
> *Article 24: Member States should take … Preventive measures, including public information and education programmes to change attitudes concerning the roles and status of men and women; … Protective measures, including refuges, counseling, rehabilitation and support services for women who are the victims of volence or who are at risk of violence* (Atria, Kennisinstituut voor Emancipatie en Vrouwengeschiedenis, 2014).

Regional Treaties are:

The Americas: The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, better known as the 'Treaty of Belem do Para' Treaty is an international human rights instrument concluded within the Organization of American States (OAS), which calls for the establishment in the Americas of mechanisms of protecting and defending women's rights, and for combatting violence against women's physical, sexual, and psychological integrity, whether in the public or the private sphere. The Convention was adopted on June 9, 1994 at a regular session of the General Assembly of the OAS in Belém do Parra (Brazil). By August 2012, it had been ratified by 32 of 35 States of the OAS. The bodies responsible for overseeing compliance with the Convention are the Inter-American Commission

on Human Rights (IACHR) and the Inter-American Court of Human Rights. Both are organs [organizations] of the OAS (Wikigender:files://C/users/irenaDownloads/Convention of Belem do Para, wikigender, html, 1994.This Convention was drafted by the Comision Interamericana de Mujeres (CIM). The Convention states in its preamble that violence against women "*is a manifestation of the historically unequal power relations between women and men"* (referring to Patriarchy and Machismo), and recognizes that the right of every woman to be free from violence includes the right to be free from all forms of discrimination. This reflects the uniform concern felt throughout the Americas for the seriousness of the problem of violencce against women, its connection with the discrimination women have historically suffered, and the need to adopt comprehensive strategies to prevent, punish, and eliminate it. This Convention focuses more on the Americas and the Caribbean.

Although the adoption of this Convention placed the countries of the Americas as forerunners in the development of international law that aims to protect women, and it even assured them a life free of violence, it is noted by Amnesty International that till the day of today, these countries are far from having eradicated violence against women in their countries. The Inter-American System for the Promotion and Protection of Human Rights also shares this concern. See also as example, the study (inquiry) conducted in two zones of Quito, Ecuador on violence against women and girls in public space, especially sexual violence, which shows an alarming high percentage of sexual harassment, verbal abuse, physical assault and symbolic violence (Vitteri, Lopez, Barreiro, Pineda, & de la Torre Rojas).

This Convention defines violence against women as "*any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere* (art.1). The Convention establishes that "*every woman has the right to be free from violence"* (art. 3) – including the right of women to be free from all forms of discrimination and the right of women to be valued and educated free of stereotyped patterns of behavior and social and cultural practices based on concepts of inferiority or subordination (art. 6). And *the right to the recognation, enjoyment, exercise and protection of all human rights and freedoms embodied in regional and international human rights instruments* (art. 4). The States Parties recognize that violence against women prevents and nullifies the free and full exercise of her civil, political, eonomic, social and cultural rights (art. 5) (Council of Europe, 1994).

Africa: The Maputo Protocol (2003)

This protocol was adopted in 2003 and entered into force in 2005. Its official title is "The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa." Its adoption was born out of concern that "despite the adoption of the African Charter on Human's and People's Rights and other international Human's Rights instruments by the majority of States Parties… women in Africa still continue to be victims of discrimination and harmful practices." Indeed, protection for areas of concern such as polygamy, harmful traditional practices, sexual orientation and women's right to control fertility were contentions during drafting (Every woman

Organization, 2019). This Protocol is not only a women's rights Treaty but has also a strong definition of violence against women, including restrictions of freedom and a orovision on abortion; it requires the criminalization of rape within marriage and sets the minimum of marriage at 18. The preamble states that African values are based on the principles of equality, freedom, dignity, justice, solidarity and democracy, contradicting in this was that violence, including wife beating has been considered or perceived to be one of the values of African families in some societies. Forty-two of 55 nations have ratified the protocol. Lack of resources and political will are facts that hamper the Protocol success. To date the African Charter Court on Human and Peoples' Rights has yet to issue a judgement on a single case related to violence against women (Every woman Organization, 2019).

Europe: The Convention of Istanbul: Convention on preventing and combating violence against women and domestic violence is a Council of Europe Convention against violence against women and domestic violence. This Convention is popularly known as the 3-p's Convention because it aims at **prevention** of violence, victim **protection** and **persecution** "to end the impunity of perpetrators." It has been signed by 46 countries of the European Union and came into force on August 1, 2014. The Parliamentery Assembly of the Council of Europe has taken a firm political stance against all forms of violence against women and has adopted a number of resolutions and recommendations calling for legally-binding standards on Preventing, Protecting against and Prosecuting the most severe and widesread forms of gender-based violence (Council of Europe, 2011).

National reports, studies and surveys conducted in Europe show a large variation of national reponses to violence against women and domestic violence. The need was felt for harmonized legal standards to ensure that victims would benefit from the same level of protection everywhere in Europe. A group of experts on this field prepared a draft convention. UK, Italy, Russia and the Holy See proposed several amendments to limit the requirements provided by the Convention. These amendments were criticized by Amnesty International. The final draft was produced in December 2010. The Convention was adopted by the Council of Europe Committee of Ministers on April 7, 2011 and entered into force following 10 ratifications, eight of which were requiered to be member states of the Council of Europe. In 2018, the Council of Ministers of Bulgaria adopted a proposal to the Parliament to ratify the Convention. But some government ministers, members of Parliament, media groups and civic organizations opposed this act suggesting that the convention would eventually lead to a formal recognition of a third gender and *same-sex marriage* and even stating that the Convention is "not meant to protect women. It is against fundamental values of European civilisation." The ratification was postponed and sent to the Consititutional Court, which would rule whether it would be legal. On July 27, 2018 the Constitutional Court pronounced that this Convention did not comply with the Constitution of the Republic of Bulgaria because it contains expansion of *transgender rights*, stating that the Convention offers a binary interpretation of *gender* as both a biological and social category, which contradicts the Constitution of Bulgaria, where humans are irrevocably defined as biologically *male and female*, with equal

standings as citizens. It was stated that The Convention therefore lays formal ground to promote non-biological definitions of *gender*, which are deemed unconstitutional (Council of Europe, 2011).

The Istanbul Convention is the first legally-binding instrument which "creates a comprhensive legal framework and appraoch to combat violence against women" and is focused on Europe and preventing domestic violence, protecting victims and prosecuting accused offenders (the four "Ps" Convention). It characterizes violence against women as a violation of human rights and a form of discrimination (art. 3a). It also contains a definition of gender: "the socially constructed roles, behaviors, activities and attributes that a given society considers appropriate for women and men" (art. 3c). Offenses against women: psychological violence, physical violence, stalking, sexual violence including rape, explicitly covering all engagement in non-consensual acts of a sexual nature with a person, forced marriage, female genital mutilation, forced abortion and forced sterilization. It also states that sexual harassment must be subject to "criminal or other legal sanction, and also crimes committed in the so-called 'honour." Article four prohibits several types of discrimination stating: "The implementation of this Convention by the Parties, in particular measure to protect the rights of victims, shall be secured without discrimination on any ground such as sex, gender, race, colour, language political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, stage of health, disability, marital status, migrant or refugee status or other status (Council of Europe, 2011).

The Convention mandates an independent expert body, the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), with monitoring the implementation of the Convention. Its members are elected by the state parties.

The Every Woman Treaty

Despite the abovementioned Universal Treaty CEDAW and the regional treaties such as The Maputo Protocol for Africa, The Belem do Para Treaty for the Americas and The Convention of Istanbul drafted with the intention to protect women against violence, rates of violence against women and girls persist globally. More than **1 in 3** women experience sexual or domestic violence. Child marriages, physical and sexual child abuse, female genital mutilation, early pregnancy and acid attack are still taken place. The above-mentioned regional treaties have had some success in minimizing the normative gap. However, these regional standards do not apply globally. Women outside these regions such as Asia and the Middle East lack access to a binding standard specific to violence against women. The idea of a *binding norm* on violence against women and girls was first introduced in 1996 by the First UN Special Rapporteur on violence against women, its causes and consequences, in her report to the Commission on Human Rights. Horrific acts of violence arround the world including the brutal gang rape of a young woman in India in 2012 and the abduction of school girls in Nigeria by Boko Haram and the widespread revelations by the global #MeToo movement, spurred activists to demand action. People around the world were asking for systems change.

This led to the birth of a coalition of more than 1,700 women's rights activists, including 840 organizations in 128 nations working to advance a *global binding norm* on the elimanation of violence against women and girls. Without a clear framework on ending violence against women, a robust mechanism for accountability, and dedicated funding, women and girls in every community across the globe will continue to suffer from violence, and nations will continue to bear the cost, both economically and socially. "In many States, legislation addressing gender-based violence against women is non-existent, inadequate or poorly implemented. An erosion of the legal and policy frameworks that aim to eliminate gender-based discrimination or violence, often justified in the name of tradition, religion or fundamentalist ideology…weakens States' responses." A new global treaty to end violence against women and girls is grounded in an analysis of the gaps in existing legal frameworks: normative, geographic, and enforcement. A binding treaty specific to violence against women and girls will close this gap in international law. A specialized treaty provides a greater level of protection and obligation due to its specificity (Every Woman Organization, 2019).

A proposed treaty on violence against women will:

- Create a binding international standard on women's right to a life free from violence, closing the normative and geographic gap in international law
- Create a globally, applicable instrument
- Mandate a whole-of-government, whole-of-society approach at the national level using proven interventions
- Close the enforcement gap with an innovative narrative + metrics-based approach
- Mobilize funding
- Reduce rates of violence and costs associated with violence
- Support the fulfillment of Sustainable Development Goal number 5
- Strengthen women's rights movements globally

Treaties are powerful and can hold states accountable. A well-known case is that of Maria da Penha in Brazil. In 1983 she was electrocuted and shot in the head by her then husband. She sought protection from the Brazilian justice system. Her case languished for two decades, allowing her husband to remain free. She filed a landmark case with the Inter-American Commission on Human Rights, citing the government's failure to comply with the Convention of Belem do Para. The commision found Brazil had condoned domestic violence through ineffective judicial action. Her husband was jailed. Maria received compensation and an apology from the Government. The regional convention gave Maria legal recourse when her country's system failed her – an avenue for redress and justice that should be available for every woman in every country (Every Woman Organization, 2019).

2.8.2 Legislation in Aruba

The terms "wife battering" or "wife beating", nor "Domestic Violence" and "Intimate Partner Violence" are mentioned as a separate punishable act in the Penal Code of Aruba. Beating your

wife is viewed as maltreatment or ill-treatment and therefore considered as a punishable act of violence. In article 317 sub a, of the Penal Code of criminal procedure of Aruba, a higher punishment is stipulated for maltreament of the mother, the legitimate father, the spouse or a child. The punishment in such case is raised by one-third of the normal punishment. By raising the punishment, the legislator wants to show that domestic violence – maltreatment in a relationship – is not being tolerated because it is a severe punishable act (Janssen, Wentzel, & Vissers, 2010).
The punishable acts that occur in domestic violence and which are mentioned in the Penal Code of Aruba are: coercion (art. 297); threats (art. 298); light/mild maltreatment (art. 313); maltreatment with a weapon (art. 314); severe maltreatment (art.315); destruction (art.366, lid 1); disturbance of domestic peace (art. 144); abducation/deprivation of liberty (art. 249); rape of a minor (art. 251); guilt from causing death or physical injury (art. 320 and 321); premeditated murder/homicide (art. 320) and homicide/manslaughter (art. 300).
By accepting the above-mentioned Conventions, countries commit themselves to undertake a series of measures to end discrimination against women in all forms, including: The bodies responsible for overseeing compliance with the Convention which are the Inter-American Commission on Human Rights (IACHR) and the Inter-American Court of Human Rights, both of which are organs of the OAS. The States commit themselves:

- To incorporate the principle of equality of men and women in their legal system, abolish all discrimination laws and adopt appropriate ones prohibiting discrimination against women;
- To establish tribunals and other public institutions to ensure the effective protection of women against discrimination; and
- To ensure the elimination of all acts of discrimination against women by persons, organizations or enterprises.

Countries that have ratified or acceded to the Conventions are also committed to submit national reports, at least every four years on measures they have taken to comply with their treaty obligations (www.un.org/womenwatch/daw/cedaw). Aruba has a special Committee of Human rights charged with the gathering of information and the reporting about the fulfillment of these obligations.
In Aruba, intervention in domestic violence cases is a police task based on the:

a. **Constitution of Aruba article 1.5** states that: *everyone has the right of personal freedom and safety*. The meaning of this constitutional article is that people have the right to live their own life with as little as possible external intervention, this being one of the fundamental principles of a constitutional state and being also a human right (Lunnemann, Vrouwenmishandeling strafrechtelijk afgedaan?, 1996). Only the government can infringe on this right in cases regulated by law: art. 8 EVRM (European Treaty on Human Rights) and art. I.16 of the Consitution of Aruba (Kabinet van de Gouverneur van Aruba, 1986). Article 8 EVRM regulates an obligation of abstinence of intervention, but it offfers at the same time a starting point for a positive obligation of the government to protect private and family life (Verhey,

1992). Violence against a woman by her partner is considered a violation of the constitutional right of intouchability of the body and of the right of a personal life ambience.

b. On the laws regarding the competence/qualification/authority of the Police Corps to maintain the law and to protect the citizens (Government of Aruba, 1988) together with the Office of the Prosecutor and the Court and based on the Fundamental Constitutional Rights, Human Rights and the Penal Code.

2.8.3 Some Special Legislations Regarding DV and IPV

a. In some countries there are even special acts or laws to protect women against violence like: the **Violence Against Women Act (VAWA)** in the USA; In Mexico **La Ley General de Acceso de Las Mujeres a una vida libre de Violencia;** In the Netherlands a concept of law **Een Wet Tegen Huiselijk Geweld** was presented in November 2008 to Parliament by four chairmen of the executive committee of Amsterdam, Rotterdam, Den Haag and Utrecht, but was not approved because some members of the Parliament believed that the existing criminal laws were sufficient to protect women against violence.

b. In Holland the law **Tijdelijk Huisverbod or also called Tijdelijke Uithuisplaatsing** (Temporary prohibition of entering the house/home) makes possible that the police ask permission to the authority to demand the aggressor, most times this is the husband/partner, to leave the house and to permit the mother to stay in the house with her children. This law offers a first time period of 10 days to look for a solution. If a solution is not possible in 10 days this will be extended till a maximum of 30 days. Most of the time a "time-out" period is created with an obligatory course on anger management to be followed by the aggressor. For years the idea of introducing this law in Aruba has existed, but due to the fact that the essential preconditions for introducing this law are not in place, this has not been possible.

2.9 Summary

Chapter 2 contains information on studies regarding the prevalence of DV/IPV/Relational violence. This information includes the consequences of abuse on the health of the victim, legislation on this topic on an international and national level and theoretical perspectives. The main goal of going through the literature review, which refers to several important historical events and developments regarding the struggle of women to participate in the election of their nation's government and going through several theoretical references, trying to explain the origin of domestic/family and relational violence, served to select the appropriate literature to explain the analysis of the collected data.

Only one theory from the aforementioned theories cannot fully explain what causes family violence. Without empirical support, theories are only speculations. When taking all these theories in consideration, it becomes clear that there is not a 'one-size-fits-all' theory approach to categorizing domestic violence including stalking, victims and perpetrators.

Based on the investigation held at the Police Headquarters, the Prosecutor's Office and all the stakeholders and agencies involved in handling domestic violence (Marval, 2013), the surveys

conducted in the Orth Pedagogic Center and the Women Section of the prison in Aruba, the theories that were selected for analysis of this research are:

a. In the first place: The Social learning theory: referred to as the intergenerational theory and based on the work of Bandura (1977). This theory explains family violence in terms of cognitive processes and demonstrates how violence is learned through modeling, imitation and reinforcement. This theory has been used to prove in an empirical way that children who have undergone or experienced violence at home are prone to do the same when adults (Wilson, 1997). To complete this theory Cares adds the point of view of the attachment theory stating that*:*

Intimate partner violence negatively impacts parenting, thereby influencing a child's attachment" (p. 28) and that: *"insecure attachment styles lead to lower marital quality, which can increase the risk of intimate partner violence"* (Cares, 2009, p. 29). But she also reassures that*:*

"Still, violence in the family of origin remains one of the stronger predictors of later partner violence" (Cares, 2009, p. 38; Lourenco, et al., 2013; Eichelsheim, 2019),

b. The second theory chosen is the Patriarchal-Feminist Theory. This theory is based on feminist thoughts and explains family violence in terms of how society is socially structured by gender and more specifically by male domination. The feminist perspective focuses on patriarchal societies that foster a patriarchal family structure in which men are expected to have power over women (Hyde-Nolan & Juliao, 2012; Kimmel, 2004;). Kimmel (2004) distinguishes expressions of men's power over women in two arenas: a. public patriarchy, referring to the institutional arrangements of a society, the predominance of males in all power positions within the economy and policy and b. Domestic patriarchy referring to the emotional and familial arrangements in a society. This includes male-female relationships as well as family life, child socialization and the like.

The reason for selecting this theory is considering the patriarchal nature and still reigning machismo in Aruba, because: "*patriarchal nature is the primary explanation for men's violence against women"* (Barnett, Miller-Perrin, & Perrin, 2005). Choosing Feminist theories is because Feminist scholars have argued that knowledge based mainly on male, culturally specific experience, represents a skewed perception of reality and is only partial knowledge. The best way to correct this is to take women's daily experiences and their informal theorizing into account and, on this basis, adopt feminist approaches to building theory and knowledge (Bailey, Leo-Rhynie, & Morris, 2000). The Feminist Theory has promoted the introduction of sensitive questions about emotions and feelings from the female victim when having been abused, in the questionnaires, and has disapproved studies on violence against women which contained outcomes with only cyphers. Feminist scholars have also promoted the idea of the possibility of the speaking up of the victims-respondents by indicating the perpetrator who caused them harm.

c. The third selected theory is the General System Theory and the Multi-dimensional Model, because all kinds of variables are being considered; it explains family violence in terms of all the variables that could affect the situation. This macro-system culture level involves the larger background influence of social norms, values, and history (Heise, 1998; Dasgupta, 2002), for example: General systems theory and Ecological Theory. A similar overview explanation of these theories is given by Barnett, Miller-Perrin & Perrin (2005) in their book '*Family Violence Across*

the Lifespan' (Heise, Elsberg, & Gottmoeller, 2002). An ecological perspective is compatible with both feminist and social learning perspectives and provides a useful integrating framework for understanding and addressing domestic violence, which is viewed as the result of interacting variables at various levels of social systems (Saunders, 2001).

When analyzing the results of the survey, the abovementioned theories will be used to explain the causes of domestic violence.

This chapter contains also a historical overview with relevant information regarding the development of viewing domestic violence and partner violence from a private matter where men were the boss and women had to be submissive (Patriarchal Theory) to forbidding a man to re-enter his own house because of abusive behavior against his wife and children.

Important studies on the prevalence of DV and IPV and Stalking conducted in the Caribbean, Central and South America, the U.S.A., The Netherlands and Curacao, will also be mentioned. Also, literature regarding the negative consequences on the health of victims of DV and IPV and also important legislation on protecting women against violence in the Netherlands, and in International Treaties.

2.10 Conclusion

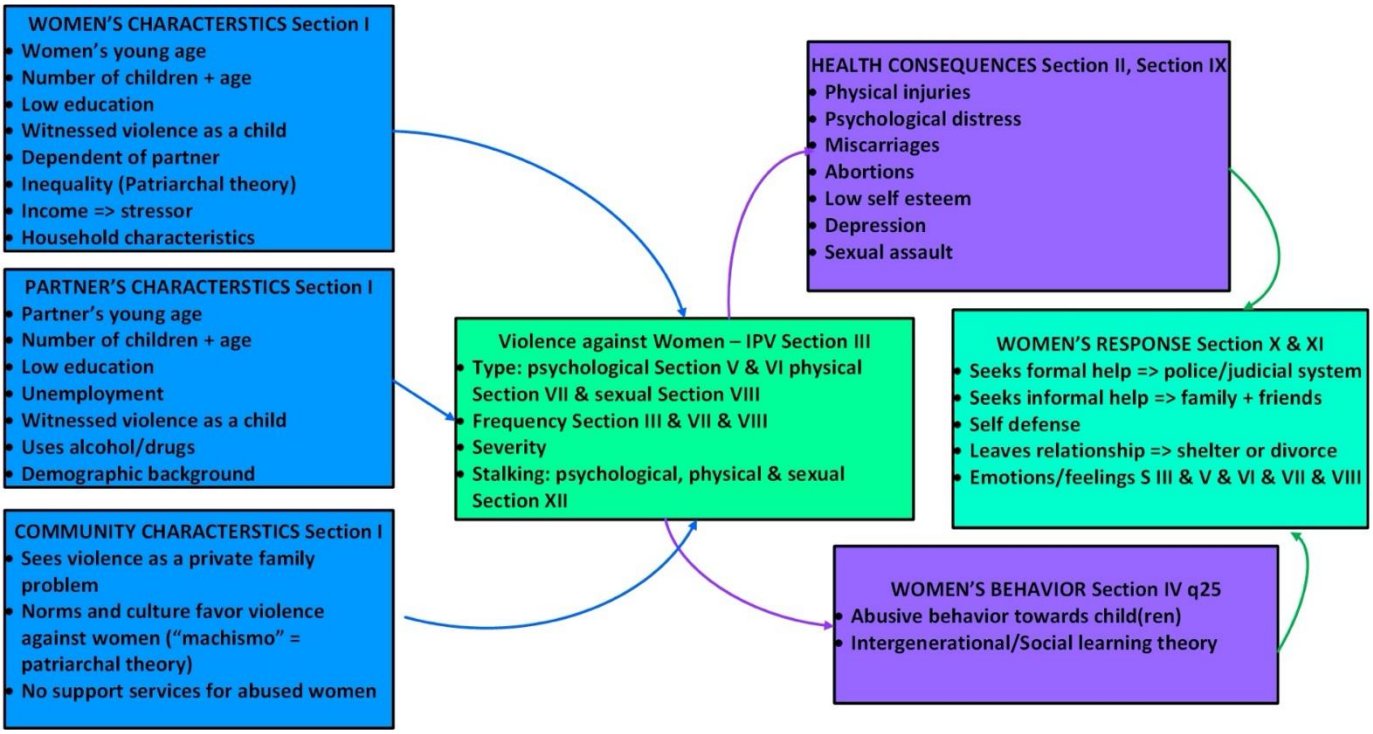
When reading that Domestic Violence exists from the beginning of the earth and that all the different theories trying to explain what causes this violence between people that should love and protect each other as family instead of hurt or kill a partner or a sibling, sad feelings started welling up. Many researchers on this topic have come to the conclusion that only one theory from all the above-mentioned theories cannot fully explain what causes family violence, and that Multi dimensional systems such as the Socio-ecological and the Bio-ecological systems offer a better system to analyze the causes of domestic/familiar and partner violence. Theories such as Feminism have offered methods to solve this big problem worldwide by trying through investigations and studies to find the causes of violence in family and partner relations by using methods such as 'speaking up' and 'indicating the perpetrator' and by expressing the feelings and emotions the victims of domestic/partner violence experienced when being hurt to prosecute and punish the aggressors with the purpose to defend the victim and prevent violence from occurring. This movement has led to many national and international legislations to eliminate domestic violence and discrimination against women worldwide and to make equality of rights possible. In the USA the Act against Violence against Women (VAW) was drafted and adopted. Several Treaties were adopted: the Convention for Elimination and Discrimination against Women (CEDAW), The Treaty of Belem do Parra for The Americas, The Maputo Treaty for the African Continent and The Istanbul Treaty for the European Continent. Despite all national regulations and international regional Treaties to prevent and punish women abuse and to obtain equality of rights for women, rates of violence against women and girls persist globally. This has led to the draft of a new Treaty: The Every Woman Treaty seeking for an international *binding norm* on violence against women and in this way making women's right to a life free from violence possible. The flare of hope has been lit once more.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter explains the methodology used to make conducting the survey about violence against women on the island of Aruba possible. The study is mainly a quantitative study. Below follows the research design showing the subjects that will be studied to answer the Central Research Questions and the sub-questions when measuring violence against women.

Figure 1: Quantitative Research Design: Risk Factors, IPV, Consequences and Women's Response



At the left hand of this figure three boxes painted in blue represent the three main groups, which according to their characteristics (risk factors), circumstances and environment are the factors that may cause Intimate Partner Violence. See Chapter 2 Literature Review on different theories such as: Meso level Analysis: Social Psychological Model and Macro Level Analysis: Social/Cultural Model and Multidimensional Model such as General Systems Theory, Ecological Theory and Social Learning Theory.

The first box represents the Women's Characteristics, which are: women's young age, number of children and age, low education, witnessed violence as a child, dependent of partner, inequality (Patriarchal-Feminist theory), income as stressor, household characteristics.

The second box represents the Partner's Characteristics, which are: partner's young age, big age difference, low education, unemployment, witnessed violence as a child, alcohol and drugs abuse, demographic background.
The third box represents characteristics that normally are found in a community and therefore are named in this setting 'the Community Characteristics,' which are: violence is seen as a private family problem, norms and culture favor violence against women: "machismo" = Patriarchal theory, no support services for abused women. General Systems Theory and Ecological Theory.
The three above-mentioned characteristics represent the characteristics that may lead to violence against women and therefore are named as risk factors for violence against women.

The box in the center (painted in light green) contains the next information: Violence against women, which is the dependent variable and IPV: types: psychological or mental abuse, physical abuse and sexual abuse; stalking, which is recognized as a form of DV/IPV; frequency and severity of the violence, which are the key subjects of study. And stalking: psychological, physical and sexual, because stalking is considered a form of DV/IPV.

At the right hand of this figure, three boxes in light blue-light purple represent the consequences of IPV. The first box represents the Health Consequences, which are: physical injuries, psychological distress, miscarriages, abortions, low self esteem, depression, sexual assault.
The second box represents a consequence of IPV: abusive behavior towards child(ren), Intergenerational and Social Learning Theory.
The third box colored lime-green represents Women's Responses to IPV, which are: seeking formal help = police, judicial system; seeks informal help = family and friends, self-defense, leaves relationship, or shelter and divorce. And also feelings/emotions as a reaction on experienced inflicted IPV.
All these boxes containing several and different stages and responses to IPV are interlinked with each other. The first three boxes represent characteristics experienced by women, women's partners, in this setting: husband or partner, and the community where the women live. These characteristics can lead to or cause IPV. The forms of IPV mentioned generally cause negative consequences to the health of the victim. IPV is one of the most common causes of mental and psycological distress which causes strong emotions and feelings. These negative physical and emotional consequences induce women to try to stop the violence and to seek help for this unpleasant and painful situation. It is also known that one of the negative consequences of IPV is the negative and aggressive reaction of the mother towards her children, which causes domestic violence. Scientific literature has also proven that children who have seen or experienced DV/IPV are likely to do the same when they establish their own family. This is called the Intergenerational or Social Learning Theory.

3.2 Procedures

This chapter describes two parts of the preparation procedures to execute the survey: 1. Developing the questionnaire and 2. Collecting the data (field work).

3.2.1 Ad. 1: Developing the Questionnaire: Introduction and Literature Used

One of the first things that was necessary to make conducting a national survey possible was the developing of a questionnaire. This questionnaire was developed using the Conflict Tactics Scales (Straus, 1979). The questionnaire used in a survey measuring Domestic Violence by and against men and women in Curacao (van Wijk, 2012); and the handbooks: (Ellsberg & Heise, 2005; Thompson, Basile, Hertz, & Sitterle, 2006; Goderie & ter Woerds, 2005; Tjaden & Thoennes, 2000). The questionnaire was available in four languages: Dutch, Papiamento, English and Spanish of which Papiamento and Spanish were the most used languages. The questionnaire contained 12 main sections totaling 67 main questions. Each of the 67 main questions had several sub-questions or options totaling 392 answer options.

Each chapter regarding the results of each analyzed topic of the quantitative study will have a separate section 'Method and Materials, explaining the methodology used for measuring the study of that particular chapter.

3.2.1.1 Developing the Questionnaire: Contents

The questionnaire was specially developed to measure violence against women and included the following topics:

Table 9: Sections of the Questionnaire

Section	Topic	Components/Way of Measuring
Section I	**Demographics**	Age, level of education, passport, country of birth, civil status, district, religion, employment: number of hours p/d, personal income, living situation, needing permit to live or work and from whom, household: number of children, health insurance.
Section II	**Health Status**	Self-assessed general health status: Five answer categories: very bad, bad, poor, good and very good; specific health problems: seven Yes/No items, contact with health care providers and medical consumption: eight Yes/No items; three questions about use of alcohol, how many glasses and use of illegal drugs.
Section III	**Measuring DV <18y**	18 questions: belittled/ridiculed, offending remarks, threat to be expelled from home, threat to be hurt, threat to hurt a beloved person or pet, locked intentionally, been pushed hard against something, been held so hard that it hurt, been hit or kicked, been stabbed with a knife or sharp object, been burned with iron, lighted cigarette or hot object, been abused physically, been threatened with assault or rape, been shown intimate part, been forced to look to sexual acts, been sexually touched against own will, been forced to touch someone in a sexual way and been raped. More than one question could be marked.
Section III	**Measuring Emotions**	Five answer options: shame, helplessness, fear, thinking that it was normal or that it was deserved and "Other." Using a 5-point Likert-scale: not at all; hardly ever; sometimes, sometimes not; a little bit; very much.

Section	Topic	Components/Way of Measuring
Section III	**Indicating the Perpetrator**	9 answer options: my father; my mother, my stepfather, my stepmother; some other relative: (brother/sister/uncle/aunt), my boyfriend, a family friend, other, namely…, and prefer not to answer.
Section III	**Measuring the Frequency of Abuse**	7 answer categories: it happened once; a few times, more than once a year, but not every month; at least every month, but not every day; almost every day; and 'Other, namely….'

Section IV	**Living Situation, Composition of Family**:	7 answer categories: I live together with my husband/partner and possible children; I live together with my husband/partner at his/my parents; I live at my parent's home with my child(ren); I live alone with my (child)ren; I live alone; Other, please, describe …' How many adults belong to your household (including yourself) and how many children under 18 years.
Section IV	**Measuring Transgenerational Violence**	11 questions about the respondents' reaction to the behavior of their children during the last 6 months, and also to respond how often this had happened using a Likert scale with 6 answer categories: 'never, not this month, before that I did, (almost) every week this month, (almost) every day this month, I prefer not to answer'.
Section V	**Measuring prevalence IPV Section V 1**:	7 dichotomous (Yes/No) questions: about isolating, restriction, ignoring, control, jealousy, suspicion and asking permission to seek health care for herself.
	Section V 2:	7 questions (Yes/No) about 'threat to hurt, hit, injure the respondent or one of her children or family; abandonment or separation/divorce; or to kill her or to hurt a pet; take the children away; to send her back to her country of origin'. This was followed by a question indicating the perpetrator: "current husband/partner; an ex-partner; both, prefer not to answer and N/A (Not applicable). This segment was followed by a segment of questions about feelings/emotions, already mentioned/discussed above.
	Section V 3:	3 questions (Yes/No) on light physical violence such as: having been locked up intentionally; been held so hard that it hurt; been pushed hard against something. These questions were followed by a question to indicate the perpetrator: current husband/partner, an ex-partner, both, prefer not to answer, and N/A.
	Section V 4:	4 questions (Yes/No) about financial control: 'not receiving enough money for household expenses; not being informed of the family income; forbidden to work or to have own income; no approval to keep own income'. Followed by reporting the perpetrator: current husband/partner, an ex-partner, both, prefer not to answer, and N/A. Followed by question about feelings/emotions.

Section	Topic	Components/Way of Measuring
Section VI	**Psychological/ Emotional Abuse**:	4 questions about 'insulting and making the respondent feel bad about herself, belittling, humiliation in front of other people, things to scare or intimidate her on purpose, yelling to her or smashing things in front of her, threat to hurt her or someone she cares about.' Followed by indicating the perpetrator and feelings and emotions.
Section VII	**Physical Violence:**	10 (Yes/No) questions about 'slapping, pushing, hair pulling, hitting, beating up, trying to choke her, burning with a cigarette or hot object; threat to use a knife against her and threat with a gun.' Followed by indicating the perpetrator and feelings and emotions and frequency of the violence.
Section VIII	**Sexual Abuse/ Violence:**	6 (Yes/No) questions: forcing to watch porno, forcing sexual intercourse, still having sexual intercourse because of fear for his reaction, forcing to do something degrading or humiliating, forcing sexual intercourse without contraceptives (pill or condom) and the option 'Other, please indicate___'. Followed by indicating the perpetrator, feelings/emotions, and frequency.
Section IX	**Unpleasant and Painful Consequences for the Body:**	6 questions (Yes/No) about bruises, scratches, cuts or aches, injuries to eyes and ears, dislocations or burns, deep wounds, broken bones and broken teeth, internal injuries and miscarriage'. Followed by indicating the perpetrator and being afraid of husband or ex-partner and how much.
Section X	**Trying to Stop or Prevent Violence:**	6 questions: saying nothing and consenting what he said, saying she understands his point of view and respects his feelings, explain her point and proposing a compromise, suggesting professional help, slapping him as self-defense and Other.
Section XI	**Seeking Help**:	8 answer categories: with family and friends, police, filing a complaint, with lawyer for judicial help, asking for divorce, with family practitioner, with Aid to victims, at the hospital for emergency, at Department for Social Affairs, at the Shelter (FHMD), with a priest or pastor, by praying and 'Other, namely'.
Section XII	**Stalking**	6 questions (Yes/No) about unwanted following, unwanted approaches, unwanted waiting, unwanted messages, spreading false rumors and destructions to properties. Followed by a question about frequency and which stalking form had caused more fear and why.

Table 10: Scale of Variables

Q #	Variable	Scale
1	Age	Ratio
2	Education	Ordinal/Interval?
3	Passport country	Nominal
4	Country of birth	Nominal
5	District you live at	Nominal
6	Civil status	Nominal
7	Religion	Nominal
8	Work status	Nom/interval
9	Permit situation	Nominal
10	Personal income	Ord/interval?
11	Medical insurance	Nominal
12	Current Health	Ordinal
13	Diseases and disorders	Nominal
14	Care providers	Nominal
15	Use of alcohol	Ordinal
16	How many glasses	Nominal
17	Use illegal drugs	Ordinal
18	DV before 18 years	Nominal
19	Feelings/emotions	Ordinal
20	Indicating the perpetrator	Nominal
21	Frequency	Ordinal/interval?
22	Living situation	Nominal
23	number of adults in household	Nominal
24	How many children<18years	Nominal
25	Reaction at child's behavior how often	Ordinal
26	Partner at this moment?	Nominal
27	One or more partner the past 5 years?	Nominal
28	Husband's or partner's age	Nominal
29	Category of husband's/partner's income	Ratio/interval?
30	Age of ex-partner(s)	Ratio
31	Category ex-husband/partner's income	Ratio/Interval?
32	questions control IPV	Nominal
33	Indicating perpetrator	Nominal
34	Question’s threat IPV	Nominal

Q #	Variable	Scale
35	Indicating the perpetrator	Nominal
36	Feelings/emotions	Ordinal
37	Light physical IPV	Nominal
38	Indicating the perpetrator	Nominal
39	Questions financial control IPV	Nominal
40	Indicating perpetrator	Nominal
41	Feelings and emotions	Ordinal
42	Questions psychological IPV	Nominal
43	Indicating perpetrator	Nominal
44	Questions Feelings/emotions	Ordinal
45	Questions physical IPV	Nominal
46	Indicating perpetrator	Nominal
47	Questions Feelings/emotions	Ordinal
48	Questions frequency physical IPV	Ordinal/interval?
49	Questions sexual IPV	Nominal
50	Indicating perpetrator	Nominal
51	Questions Feelings/emotions	Ordinal
52	Frequency sexual IPV	Ord/interval?
53	Questions painful physical consequences IPV	Nominal
54	Indicating perpetrator	Nominal
55	Indicating grade of affection	Ordinal/interval?
56	Ever been afraid of current husband/partner	Nominal
57	Indicating grade of affection	Ordinal /interval?
58	Ever been afraid of ex-partner	Nominal
59	Indicating grade of affection	Ordinal/interval?
60	Tried to prevent or stop violence	Nominal
61	Questions about seeking help	Nominal?
62	Reasons why didn’t seek help	Nominal
63	Been a victim of stalking in the past 5 years	Nominal
64	Frequency of stalking	Ord/interval?
65	Indicating duration in months	Nominal?
66	Which form of stalking caused more fear	Nominal
67	Explaining why	Nominal

3.2.1.2 List of Concepts and the Variables which Form a Concept

The main concept to be analyzed in this study is 'violence (abuse) against women'. The definition of violence or abuse against women generally accepted by the World Health Organization (WHO) is as follows:

"Violence against women – particularly IPV and sexual violence – is a major public health and a violation of women's human rights" (WHO, 2017).

The variables are:

*psychological/mental: control, financial control, insult, humiliation, intimidation, and threat

*light physical abuse like pushing, holding so hard that it hurts, locking up intentionally and

*physical abuse like slapping, throwing things that can hurt, hitting, beating, kicking, choking, burning with an object, threatening with a knife, and threatening with a gun and

*sexual abuse like forcing to watch porno/sexual acts, forced sexual intercourse, forcing to do degrading or humiliating sexual acts; intercourse without using contraceptives like the pill or condom. These variables were measured by asking relevant questions regarding the above-mentioned acts.

A concept that can be considered to be directly linked to the main concept of Intimate Partner Violence is the behavior of the victim of trying to avoid (prevent) and stop the partner violence. The variables used to measure this effort were: say nothing and consent with what the partner says, by saying that his point of view is understood and that his feelings are respected, by explaining to him her point of view and by proposing a compromise, by suggesting looking (together) for professional help, by slapping him as self-defense.

An important concept that normally occurs together with IPV is Domestic Violence before 18 years of age. The definition of Domestic Violence regards particularly "family violence" because it measures particularly domestic violence before adulthood and reads as follows: "family violence includes family member's act of omission or commission resulting in physical abuse, sexual abuse, emotional abuse, neglect or other forms of maltreatment that hamper individual's healthy development." This definition is also mentioned in Chapter 1 where the definitions used in this thesis are mentioned.

*The variables are: 5 variables regarding psychological or emotional abuse, like belittling and making her ridiculous, offending remarks and threats to hurt the person, or a beloved person or pet; 3 variables regarding light physical violence; 4 variables regarding physical violence and six variables regarding sexual abuse. These variables were measured by asking relevant questions regarding the above-mentioned acts.

Another important concept analyzed in this thesis is the health of the respondents. The definition of health stated by the WHO reads as follows: "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity." This definition has also been endorsed by The Centers for Disease Control and Prevention, along with a range of WHO partners (statnews.com/2019/07/17).

The health status of the respondents was measured in four components: self-assessed general health status, specific health problems, contact with health care providers and medical consumption.
*The self-assessed general health status (SAH-1 item): a 5-point Likert scale was used to define SAH in 5 answer categories: very bad, bad, poor, good and very good (variables).
*Specific health problems experienced in the past 12 months: seven.
dichotomous (yes/no) items were used: migraine or severe headache, weight problems, bad night's rest, abnormal appetite, menstruation problems, bad blood circulation, skin disorder and an extra item 'Other' was added to facilitate the respondents to write down a disease or disorder that wasn't mentioned.
*Medical consumption: eight dichotomous (yes/no) items were used like: visited a general practitioner (family doctor) in the last three months, visited a specialist doctor, visited a social worker, visited a mental health professional, used poly-clinical care, used hospital care, used sedatives/tranquilizers, antidepressants (all during the last year).
To these questions were added three extra questions about the use of alcohol, how many glasses usually, and the use of illegal drugs.
*Negative physical consequences were measured by six variables like a. bruises, scratches, cuts or aches; b. injuries to eyes and ears; c. dislocations or burns; d. deep wounds, broken bones, and broken teeth; e. internal injuries or any other similar injuries; f. miscarriage.
*Negative mental consequences were measured by asking how much this had affected the victim: variables: a little bit, a lot, very much, I don't know and prefer not to answer.
*Negative psychological consequence was measured by asking having been afraid of current husband/partner: (hardly) ever, sometimes, often, (almost) always and prefer not to answer. And having been afraid of an ex-partner and by asking the grade of affection: a little, much, a lot, I don't know, prefer not to answer.

The concept of women's aggressive behavior towards their children (Transgenerational violence) is based on the Social Learning Theory of Albert Bandura (1977) who stated that "abused women are likely to abuse their children." In other words, they transfer the violence they experienced as a child and as an intimate partner to their own children. And they on their own will do the same to their children. By doing so they contribute to keep the circle of violence turning.
*Eleven variables were asked about the reaction of the mother at their child's behavior: did you explain to your child(ren) why it wasn't good what he/she did, did you sometimes give your child(ren) a "time-out" (for example send him/her/them to their bedroom, did you sometimes threaten to hit your child(ren), did you sometimes shake your child(ren), did you sometimes shout/yell at your child(ren), did you sometimes swear at your child(ren), did you sometimes spank your child(ren) with your bare hand at their bottom, did you sometimes hit your child(ren) at their bottom with a belt, slipper, or a hard object, did you hit your child(ren) somewhere else than their bottom (arm, head) with a belt, slipper, or a hard object, did you hit your child(ren) with your fist or kick him/her/them, did you ever smash your child(ren) against the floor or knock them down?

These questions were followed by a Likert scale containing the following six options: 'Never', 'Not this month, before that I did', 'A few times this month', '(Almost every day this month)' and 'I prefer not to answer this question'.
Another important concept is Stalking, especially since it is considered another form of IPV. The legal definition of stalking is: "the act or crime of willfully and repeatedly following or harassing another person in circumstances that would cause a reasonable person to fear injury or death especially because of expressed or implied threats" (Meriam-Webster Dictionary).
*The variables used were unwanted followings, unwanted approaches, unwanted waiting, unwanted messages (letters, post cards, e-mails, flowers or telephone calls), spreading false rumors on social media (FB, Twitter etc.), destruction of properties (house or car).

Another important concept is the 'Help-seeking behavior of a victim of IPV.' Help-seeking is seen as a social process. A problem focused, planned behavior, involving interpersonal interaction with a selected group of people – formal or informal - help or aid providing sources (adapted definition based on definition used in (Cornally, 2011).
*The variables used were seeking help with family and/or friend, with the police, by filing a complaint, with a lawyer for judicial help, by asking for a divorce, with a family practitioner, with "Aid to victims." At the hospital (emergency), at the Department of Social Affairs for advice and guidance, at the shelter (FHMD), with a priest/pastor/church, by praying.
*Did not seek help. The variables used were don't like to talk about it, didn't think it was serious, because of fear, don't want to betray the perpetrator, no one can help, don't know where to seek help, don't need help.

3.3 Calculation of the Sample Size

First a calculation of the sample size made by the Central Office of Statistics of Aruba which was made in 2010 was used as information for calculating how many valid questionnaires, at least, were needed for the survey to be a valid survey. Taking into consideration that the total number of women between 15 and 60 years, might be more ten years later, a new sample size was calculated of the target group of women between 15 and 60 years. The CBS graph of the women ages of 2016 was used, which was a female population of 38,816 after counting the women ages starting from 15 years to 60 years and adding 1/5 from the age group 60-64 which is 3878 and dividing this number by 5 to calculate the number of women being 61 years of age which yielded 776 more women. The total number of 39,592 was used for calculating the sample size with an online sample size calculator, using a margin of error of 5% and a confidence level of 95%. The result of the sample size was calculated at 380 (See Chapter 4.1).

3.4 Validity of the Questionnaire

To prove the validity of the questionnaire the following points were checked:

- What is the sample size needed for a valid questionnaire? To answer this question, reference is made to the section above-mentioned where the sample size was calculated at 380 with an online sample size calculator. The amount of valid questionnaire received was 758. This is almost twice the sample size needed.
- The second checkpoint was revising whether the questionnaires models that had been used were tested questionnaires in other surveys, like the Conflict Tactics Scales (Straus, 1979), the questionnaire used in a survey measuring Domestic Violence by and against men and women in Curacao (van Wijk, 2012); and the handbooks: (Ellsberg & Heise, 2005; Thompson, Basile, Hertz, & Sitterle, 2006; Goderie & ter Woerds, 2005; Tjaden & Thoennes, 2000). Each chapter regarding the results of each analyzed topic of the quantitative study will have a separate section 'Method and Materials,' explaining the methodology used for measuring the study of that particular chapter.
- The questionnaire was available in four languages taking into consideration that the island of Aruba is known as having a multilingual population: Dutch, Papiamento, English and Spanish of which Papiamento and Spanish were the most used languages in this survey.
- Providing the survey in four different languages made sure that every potential person that was approached could fill out the questionnaire. The questionnaire contained 12 main sections totaling 67 main questions. Each of the 67 main questions had several sub-questions or options totaling 392 answer options.
- Two pilot proofs were held having 25 participants filling out the questionnaire. During the first pilot proof questions 26 and 27 resulted in being confusing. They were modified by stating them in a simpler way. The second pilot proof showed that they still caused confusion. This situation was solved by training the interviewers how to help the participants by explaining the meaning of these questions when filling out the questionnaire.
- The target group of women between 15 and 60 years was well represented and also the six districts where the survey was held. More details are mentioned in chapter 4.1 regarding the measuring of the Prevalence of IPV in Aruba.
- After collecting the data, this data was revised, merged, and cleaned.
- Before starting this inquiry, this questionnaire was approved by the then promotor and co-promotor.

3.4.1 Reliability of the Variables

The reliability of the variables was measured by using Cronbach's Alpha, which is a standard test of internal consistency. In each chapter of this thesis the Cronbach's Alpha of the variables used were calculated and are being mentioned.

Section V 1: Questions on Controlling Partner

The statistics index of these seven questions was a Cronbach's Alpha of 0.784.

Section V 2: A second set of questions of this section was about threat against the partner

The statistics index of these seven questions was Cronbach's Alpha 0.730.

Section V 3: A Third Set of Questions was About Light Physical Abuse

The reliability statistics index of these three questions was Cronbach's Alpha 0.713.

Section V 4: A Fourth Set of Questions was About Financial Control

The reliability statistics index of these four questions was Cronbach's Alpha 0.756.

Section VII Held Questions on Physical Violence

The reliability statistics index of these ten questions was Cronbach's Alpha 0.876.

Section VIII: Sexual Violence

The reliability statistics index of these five questions was Cronbach's Alpha 0.713.

3.4.2 Goodness of Fit Test

One of the Goodness of fit tests commonly used in statistics is The Chi-square. The Chi-Square Statistics is commonly used for testing relationships/correlations between categorical variables. In each chapter the Chi-Square was used to seek significant relationships or correlations between two variables. Besides Chi-square, a regression analysis was used to further analyze the results of this study.

3.4.3.1 Expressing Themselves: Opinion About the Survey, Remarks, Suggestions etc.

The last page was a lined blank page that gave the respondent the opportunity to express herself, for example with remarks, suggestions or anything relating the survey and its topic.

3.2.2 Ad. 2: Collecting the Data

3.4.3.2 Choosing the Target Group

The chosen target group for this national survey consisted of all women living on the island of Aruba, ranging from 15 - 60 years old. In the first place a random sample of the households on Aruba was administered by the Central Office for Statistics (CBS). Because visiting households for interviews on such a delicate topic is difficult and can even be dangerous for the interviewer and interviewed (Tjaden & Theonnes, 1998b; Garcia Moreno, 2001; Thompson, Basile, Hertz, & Sitterle, 2006) , the decision was made to look for an alternative to execute the survey. The CBS drew another random sample of the chosen target group of all women from 15-60 years old covering the six most important districts of Aruba, mentioning the quantity and percentage needed of each district to meet a representative quantity of the population for this survey.

3.4.3.3 Using Public Spaces and Waiting Area Intercept Approach

Based on the before-mentioned information the decision was made to use public spaces to approach women in a random way (waiting area intercept approach) for an interview using the

questionnaire developed for this survey (Winters, 2016); (WHO, 2006); (Garcia Moreno, 2001). The public spaces used were: The Central Hospital of Aruba; the Horacio Oduber Hospital (HOH) near Oranjestad, which is the capital; IMSAN,the Medical Center in San Nicolas, which is the second largest city of the island; the offices of the Social Security Bank in both cities mentioned;and the consultant offices of the White Yellow Cross in six districts of the island. These locations were chosen for being frequently visited health institutions. Although the chosen public spaces are visited with a special intention regarding health of the respondents, there are also other persons visiting these public spaces, like visitors of the sick, (grand)parents or other family members, or people that aren't sick but who are there for a medical test, consequently increasing the variety in the target group of the approached respondents and on the other hand, decreasing bias forming. In this way a pretty good diverse and representative number of the chosen target group was guaranteed.

3.4.3.4 Training of the Interviewers

In total 31 volunteers applied to be interviewers for this national survey: 20 volunteers were retired professionals, most of them retired teachers, nurses and social workers, and 11 were students of the University of Aruba, most of them of the Faculty for Arts and Social Studies (FAS).
The training had been prepared by ourselves although not being a professional interviewer. The training consisted of two sessions. The first session consisted of an introductory explanation of the questionnaire and the important points to master for an interview like: how to approach a potential respondent; how to persuade them to participate; how to guide the respondents in answering the questions and how to fill out the check list (steekproefformulieren) after the interview. The second session consisted of giving the volunteers the opportunity to fill out the questionnaires by themselves. After that a discussion followed and some changes were suggested. The second session also consisted of a face-to-face interview training between the volunteers. The interview time ranged from thirty 30 to 45 minutes.

3.4.3.5 Executing the Pilot Proofs

A pilot proof was held, which showed some mistakes and misinterpretations, and which was not to the entire satisfaction of the researcher's team. That led to the decision to make some changes in the questionnaire and, also in the way of interviewing the potential respondents. A second pilot proof followed, which delivered a better result. Still, the decision was taken to make some small changes. An important change was on request of the respondents who asked to change the time period of three years required in an intimate relationship into five years. That would facilitate them to respond to questions about a relation with an ex-partner. A letter in four languages was sent to the households mentioned in the sample prepared by the CBS office. A copy of this letter is added as an appendix at the end of this chapter. The reaction to this invitation was less than 12, which led to taking a definite decision to use the 'intercept approach' at the public spaces like the H.O.H. hospital situated in Eagle (north part of the capital Oranjestad, the Institute of Medicine in San Nicolas (IMSAN); the two offices of the Social Assurance Bank, one in Oranjestad and one in San Nicolas and the six offices of the White Yellow Cross scattered across the island in six districts.

3.4.3.6 Executing the Fieldwork

The fieldwork took place from the 18th of April to the end of June of 2016 from 8 o'clock in the morning till 12 o'clock noon in the public spaces and offices of the Yellow Cross, mentioned above. At least two interviewers were placed in each of these spaces. The people in the waiting room were approached by the interviewers with the request to participate in this important national survey. In larger public spaces like the Hospital and the Social Security Bank (SVb) waiting room spaces, three interviewers were placed. A short introduction was given and questionnaies were handed to those who accepted to participate. The participants were asked if they wanted to start filling out the demographic part of the questionnaire and told that they would receive help from the interviewers with filling out the rest of the questions. After the interview, the interviewer had to fill out a checklist. This checklist was specially meant for the interviewer who had to write her name or initials at the top of the checklist and mark the age of the respondent, the district, filled out the questionnaire: yes or no (reason of no response), place of approach; filled out written alone or interviewed/helped by the interviewer. Every day these checklists were controlled by the survey leader. Especially elder women requested help.

Table 11: Response Rates

Filled out questionnaire		Frequency	Valid Percent
Valid n=960 women were approached	Yes-Filled out	819	85.3
	No-didn't want to participate	141	14.7
	Total	960	100

A total of (960) potential respondents were approached. Eight hundred and nineteen (819) questionnaires were collected. As seen in the Table 11, 141 of the approached women did not want to participate. After cleaning up the data a total of 758 valid questionnaires remained which were used for data analyses using IBM SPSS 22. Taking into consideration that not everyone filled out the questionnaire, it can be stated that 85.31% of the approached women had at least the intention to participate. In the process of cleaning of the data, 4 questionnaires that were filled out by a husband/partner of the respondent were considered invalid and also two (2) questionnaires with clear contradictions; 6 respondents older than 60 years and 49 questionnaires that weren't completely filled out, totaling 61 questionnaires that were deducted from the total received questionnaires. A final total of **758** valid questionnaires from the original (819) remained to be used for analysis. This is almost 2% of the target group of women ranging 15 to 60, which was thirty-nine thousand and five hundred and ninety-two (39,592) at the time the survey was conducted, and which can be considered representative for a national survey, according to scientific literature (Groves, Presser, & Dipko, 2004).

Selection Respondents Who Answered IPV Questions

From the seven hundred and fifty-eight (758) respondents, **(**661, 87.20%) answered question 26: Do you have a partner at this moment and question 27: Did you have one or more than one partner the past 5 years, affirmatively. From this amount four hundred and forty **(440, 66.57%)** respondents answered the questions about different forms of IPV.

Of all the ethnic groups living on the island of Aruba, only the Chinese women did not participate in this survey. The excuse they used was because they don't understand or speak the language Papiamento, which is not always true because most of them have lived here for years and if they haven't been to school here, they work in their businesses on the island and are forced to speak Papiamento. Some older Filipino women were also reluctant to participate, but the younger ones did participate.

3.4.3.7 To Ask or not to ask Sensitive Questions

Developing the questionnaire convinced us that asking about abuse is not an easy task. Although most researchers recognize the need to gather information about interpersonal violence, many ethical and practical questions remain about how to do so. These questions are very sensitive and not only recall painful memories but also touch the soul of the victims. Some questions may be personal and sensitive for some people and these people can become upset, especially when asking about sexual abuse (WHO, 1999; Bagwell-Gray, Messing, & Baldwin-White, 2015). When training the candidate interviewers for this survey, at least three of them reacted saying "they don't feel comfortable asking these kind of questions" and two expressed they believed that "participants would decline to participate or would drop out." At least two of the candidate interviewers even said that it is possible that some persons may consider asking participants about especially physical and sexual abuse as an invasion of their privacy.

Searching the literature to find an answer whether asking about trauma history creates participant distress, two studies were found addressing this problem (DeMarni Cromer, Freyd, Binder, DePrince, and Becker-Blease,2006), conducted a study with questions such as: Does asking about trauma history create participant distress? If so, how does it compare to other personal questions? Do participants consider trauma questions important compared to other personal questions? This study yielded the following result: trauma questions caused relatively minimal distress and were perceived as having greater importance and greater cost-benefit ratings compared to other kinds of psychological research. Moreover, the participants informed that the trauma research was important to them, and that generally it was a good idea to do this research (DeMarni Cromer, Freyd, Binder, DePrince, & Becker-Blease, 2006).

In the research conducted by Becker-Blease and Freyd (2006) about 'The Ethics of Asking and Not Asking about Abuse," they came to the conclusion that psychological researchers should gather information about child abuse, family violence and other interpersonal violence. Abuse is associated with so many important social problems: poverty, divorce, HIV risk, school performance, criminality, learning disorders and physical health. When researchers do not measure abuse history, they obscure the role of abuse and overestimate the strength of other factors.

The Oregon Department of Human Services circulated an epidemiology publication to doctors and nurses stating that "many advisory bodies have determined that inquiring about IPV (intimate partner violence) is justified, because of the severity and prevalence of IPV, the potential for helping victims, and the low cost and low risk associated with asking about abuse" (Becker-Blease & Freyd, 2006). Just as (some) researchers underestimate the benefits of asking about abuse, they underestimate the risks of *not* asking (Becker-Blease & Freyd, 2006). "When we do not ask, science and humanity lose important information" (Freyd, Klest, & Alliard, 2005).

Although most researchers recognize the need to gather information about child and interpersonal abuse, many ethical and practical questions remain on how to do so. Researchers and assistants who conduct research need additional information and experience to respond appropriately. They also need extra training. They must be able to tell participants how they can report abuse in such a way that information reaches an appropriate outside agency. Professionals may underestimate the benefits that participants themselves experience (Becker-Blease & Freyd, 2006).

As we used questions from well-known and tried out questionnaires, mentioned above, we felt quite comfortable to use this questionnaire for the survey, even when it contained several sensitive questions especially about physical and sexual abuse. We decided to approach professionals like a psychiatrist, a psychologist and an ortho-pedagogist and, also known institutions and foundations, to eventually offer help to victims. Having their cooperation and assistance, a business-like card was designed with their telephone numbers and was handed out to each participant, with the explanation that they could call them if they needed any help. A copy of this card is added as appendix at the end of this chapter.

3.4.3.8 Remarks from Participants and Interviewers Regarding Experiences During the Survey

Remarks about the questionnaire: some expressed that it was too long and that's the reason why they didn't finish filling out the questionnaire; some said they became emotional due to the questions that were asked; someone suggested to add 'abortion' to the questionnaire; and some said that the questions could be simpler.

Compliments: Many found the survey interesting; good; great; good and useful; important; a necessary study; very good; congratulations with the initiative; people don't find help nowhere; alarming. This is consistent with the scientific literature on this topic mentioned above.

Excuses for not participating: One participant said she had to feed the baby first; another participant didn't want to lose her ride; three participants said that they didn't have time, maybe another time; a lady was in a hurry and expressed being late for work; two participants said they didn't have their reading glasses, and four approached ladies reacted saying that they only speak Chinese.

Disclosures: a lady admitted that she had problems, but she didn't want to look back; one participant confessed living in a very urgent situation and experienced a lot of physical violence with her partner; another participant confessed having financial problems and days without eating. An interviewer noticed that this respondent was depressed and even commented that she sometimes felt like *killing* herself. One participant said that she was raped at the age of 14 and that

it had been a very dramatic experience. All these participants received a business-like card with telephone numbers of specialists such as a psychologist, psychiatrist, foundations, and governmental departments for help care.

Seeking help: a participant asked for an appointment to help her with her aggressive husband. She had no mobile phone, so she would call later. Another lady described feeling sad to be in her current situation. Another participant said that she needed to talk to someone and was going to call for an appointment. Another lady promised to call because she felt a lot of anger.

Control cases: a lady from Colombia entered with an older Aruban lady. The interviewer noticed that she was under pressure. The older lady did not want her to continue with the survey.

Four cases were reported where the husband or boyfriend sitting next to the participant was the one filling out the questionnaire; one told his wife or partner what to write down. These questionnaires were voided. And then there was one case where when the boyfriend/partner left, the participant expressed with a sigh that she now could complete the questionnaire.

These five cases were considered invalid and were not used for the data analyses.

Special cases: two participants reported not having a home (homeless) and that they stayed in different places. One participant started to fill out the questionnaire but when the questions became too personal, she said that she was against this survey, and she wanted to take the questionnaire with her. The interviewer succeeded in convincing her to return the questionnaire and suddenly she ripped it in pieces. When she left this questionnaire was put together with scotch tape and it revealed that she was 24 and had three children and most probably had some IPV problems too.

All the participants received at the end of the interview a little card with information and numbers of specialists such as a psychologist, psychiatrist, foundations, and governmental departments for help care and a gift.

3.3 Qualitative Study

The groups that are mainly interested in the outcomes of this study are in the first place the Government and its governmental departments, especially the Department of Social Affairs, the Department of Health and Social Security, The Police, the Judicial system especially The Office of the Public Prosecutor and the Social Security Bank. Very interested in these outcomes are the Foundation for Relational Violence, the White Yellow Cross Foundation and The Faculty for Social Studies of the University of Aruba. Therefore, their special request was to present the results not only in numbers but especially with special attention to the interpretation and analysis of the outcomes regarding their effects on the social impact and the way to approach and address this problem. The White Yellow Cross Foundation and the Social Security Bank offered their public spaces where the potential participants could be approached to fill out the questionnaire. Data collected by the Department of Social Affairs, The Health Department, and the White Yellow Cross are mentioned in this thesis to illustrate certain situations.

With this request in mind, the decision was to involve these instances/groups in the explanation of their work in this field. The following persons/instances were approached for an interview regarding their experience with handling cases of DV and IPV:

*The president of the Foundation for Relational Violence (Fundacion pa Violencia Relacional)

*A family practitioner
*A priest
*A pastor
*The director of the Ortho-pedagogic Center
*A lawyer
*The Head Officer of the Department of Detectives
*The Leader of the program regarding assistance to Teen Mothers
*A pediatrician
*A family therapist from the Department of Social Affairs
*The person charged with assisting victims (Slachtoffer hulp)
*Safety House representative
*Trauma and Anger Management Therapist
*A pathologist
Two interviews were included containing the narrative of two cases of ex-students related to DV/IPV, which are the following:
*A victim of Domestic violence as a child
*A victim of Intimate Partner Violence

Everyone was willing to participate, but most of the participants requested to have the questions sent to them because it was difficult to make extra time for an interview, due to their load of work. The interviews were translated into English and sent to the person or instance/foundation or Department for approval.
This procedure led to choose for a 'narrative' form of interview. Narrative interviews center on the stories the subjects tell. Narrative interviews emphasize the temporal, the social, and the meaning structures of the interviews (Kvale & Brinkmann, 2009). An interview model was designed with the following leading questions:

1. What is your work/approach in handling the problem of DV/IPV?
2. Who are your clients?
3. Who sends the clients to you?
4. How do you handle/treat the victim's problem?
5. Are there some special recommendations you would like to give to combat DV/IPV?
6. Is there something special you would like to add to this interview regarding this problem?

3.4 Conclusion

Overall, this survey, can be considered as successful in the first place because of the number of respondents obtained and the reactions received. Some participants recommended to conduct a survey on this sensitive topic including men. The reactions surpassed our expectations, which gave us the hope that the results may contribute to give an insight of the extent of this problem on the island and an indication of where to look for solutions. In this way this survey might contribute to a better family life and harmonious living in Aruba.

CHAPTER 4: QUANTITATIVE STUDY

4.1 General Introduction

This paragraph contains the general introduction and explanation of each paragraph regarding the measuring and results of the main research question and the seven sub-questions mentioned in Chapter I which sums eight paragraphs plus a paragraph about descriptive statistics, totaling ten paragraphs. The Beijing Platform for Action, adopted by the Fourth World Conference on Women in 1995, urges Governments to formulate and implement, at all appropriate levels, plans of action to eliminate violence against women. This National Plan includes data collection, disaggregated by sex, race, age, ethnicity, and other relevant characteristics, on the nature, prevalence and impact of all forms of violence against women and analysis, prevention and protection measures, as well as national information campaigns (UN WOMEN, 2012). Being that this was the first time that a national survey on violence against women was held on the island, the objective of this survey was to gain insight into this social problem by mapping and analyzing the extent (scope), nature and consequences of Intimate Partner Violence (IPV) on the island of Aruba. The need for this research were the signs of negative consequences of IPV and Domestic Violence (DV) manifested in a high percentage of divorce, drop-outs, teen pregnancy, alcohol and drug abuse, sexual abuse against adults and children and elder abuse.

Paragraph 4.2 contains descriptive statistics related to the different paragraphs of this quantitative study.

In **paragraph 4.3** the method and materials used to measure the prevalence of Intimate Partner Violence in Aruba are discussed, alongside the results obtained and the method and materials used, the results, measuring the feelings/emotions of five sections, indicating the perpetrator of five sections, measuring the frequency of two sections, which are the physical violence and the sexual violence sections.

In **paragraph 4.4**, the findings with regards to the prevalence of Domestic Violence before adulthood (18 years) are discussed. The focus of this study was to collect data from the participants about Domestic Violence (DV) abuse experienced before they had reached the age of eighteen, in other words, before adulthood. There is little known about the extent of child abuse in Aruba because no study or inquiry has been done to measure child abuse systematically. Especially the two last years there have been several demonstrations protesting against the low punishment regarding child abuse and demanding more severe measures.

Paragraph 4.5 presents the outcome of the questions asked in the first section of the questionnaire regarding demographic topics, followed by the outcomes of analyses conducted using Pearson's Chi-square, to look for associations or correlations with types of Intimate Partner Violence (IPV). Violence against women begins in childhood. Because violence against children and violence against women are linked in numerous ways, the outcome of question 18 of the questionnaire, about domestic violence before 18 years (domestic violence committed to the respondents before 18 years of age), was also submitted to a study to check for risk factors. Exposure to violence as a child has been considered by researchers as a risk factor for involvement in intimate partner violence as an adult (Hamby, Finkelhor, Turner, & Ormrod, 2011). Violence against children and

violence against women often co-occur. Children in families in which IPV occurs are at greater risk of also experiencing maltreatment (Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005). For that reason, this chapter elaborates primarily on risk factors regarding violence against women and, also on risk factors regarding violence against children.

Paragraph 4.6 contains information on and measuring of the negative consequences of IPV on the health of the victim. It is scientifically proven that IPV has a great impact on the victim's mental, physical and sexual health. In addition, questions were asked about the identity of the perpetrator and to what degree this partner violence had affected their health.

Paragraph 4.7 is subtitled: Is there a connection between the lived or living experience of the IPV-victim and abusive behavior towards her children? The purpose of this study was to investigate if victims of domestic violence before the age of 18 abused their own children and by doing so contributed to the perpetuation of the cycle of violence. In other words, they passed on the violence they experienced as a child to their own children (Inter-generational or Transgenerational violence). Social learning theories, based on the theory developed by Bandura, suggest that abused women are likely to abuse their own children (Bandura, 1977). According to Bandura, humans learn behavior through patterns of observation, imitation, and reinforcement. Social learning theory argues that this is the basis for all human behavior, not just violent behavior (Bandura, 1977; Lunnemann & Pels, 2013).

Not always children from violent homes repeat the witnessed pattern of violence. Moreover, it is possible that abusive partners were not themselves abused or exposed to parental violence as children (Cares, 2009). Social support and the education level of mother may act as a potential protective factor for psychological maladjustment (Miller, VanZomeren-Diohm, Howell, Hunter, & Graham-Bermann, 2014, Coe, Huffhines, Gonzales, Seifer, & Parade, 2021).

Social psychologists have explored the relationship between attachment style and the intergenerational transmission of violence. Generally, there are two types of attachment: secure and insecure. In infancy and childhood, a home with marital conflict, which could include IPV, is more likely to elicit an insecure attachment style in children. When children perceive that one or both parents may become physically or psychologically unavailable, as in the case of separation or divorce, this creates fear and anxiety, leading to insecure attachment. Attachment theory is a common explanation for the intergenerational transmission of IPV (Buck, Leenaars, & Marle, 2012). In social learning theory, the relationship witnessed between parents in childhood is the main reference for how to behave in adult intimate partnerships (Cares, 2009). The father is the most important family member to predict criminal behavior of his son (Rakt, Nieuwbeerta, & Graaf, 2006).

Paragraph 4.8 presents information about the types of IPV and the frequency and severity of the inflicted violence, the characteristics of the victims and those of the perpetrators. The main objective of this chapter was to examine if there is an association between the types of IPV and the frequency and severity of the inflicted violence. Because of all the types of violence, the psychological type was mentioned as the one that causes more harm to the victims, so the decision was made not to use the common form of measuring the weighted model of Straus, but instead of

that to do a study of the impact of the psychological form of violence in children by transgenerational violence, inflicted by their mother.
This paragraph also contains information about the emotional profile of female victims of IPV and DV, characteristics of victims of IPV/DV, characteristics/typologies of perpetrators, risk-factors for being a perpetrator, and the identity of the perpetrator.
Paragraph 4.9 is about trying to prevent, stop the violence and seeking help. Most studies regarding Intimate Partner violence contain sections with only questions about emotional/psychological, physical and sexual abuse. Only a few of these studies/surveys contain a section dedicated to gaining information of the efforts made by the women trying to prevent or stop the violence or seek help. That has been a point of criticism from especially the World Health Organization complaining that such surveys do not produce a complete picture of the situation that women experience when being victims of Intimate Partner Violence. They not only undergo the psychological, physical and sexual abuse, but they also try to prevent and stop the violence. When those efforts do not succeed, they try to seek help. The sections regarding these questions were deliberately added to the end of the questionnaire after the sections containing the questions about Intimate Partner Violence (mental or psychological violence, physical, and sexual violence). The section regarding seeking help was followed by a last section containing questions about the reasons why not all victims seek help in difficult and dangerous violent situations regarding IPV.
Paragraph 4.10 includes information on the prevalence of stalking in Aruba and why it is considered a form of IPV/DV violence. A comparison is made between the anti-stalking legislation of the U.S.A., the Netherlands and Aruba. Important information is also provided about the development of anti-stalking legislation with the objective to penalize stalking. In this chapter the definition of stalking, forms of stalking, characteristics of stalkers, impact of stalking, and the measuring of stalking are also described.

This is the first time that a national survey on Intimate Partner Violence and Domestic Violence (IPV/DV) was conducted on the island of Aruba. IPV/DV is a very sensitive topic. The decision to measure the prevalence of stalking in a national survey on violence against women (IPV/DV) in a separate session, was based on the relatively recent existing opinion that stalking should be considered a "part of the domestic violence continuum" because stalking is most often committed against women in the domestic violence context (Kurt, 1995). Studies on IPV/DV (Tjaden & Theonnes, 1998b) show that violent and harassing stalking behaviors occur among physically battered women, both while they are in a relationship and after they leave their abusive partners. These findings show compelling evidence of the link between stalking and controlling and emotionally abusive behavior in intimate relationships (Tjaden & Theonnes, 1998b; Mechanic, Weaver, & Resick, 2000). When victims of IPV/DV leave or try to leave their abusers, these abusers often stalk their victims trying to regain control. Several scholars also have classified stalking as a form of domestic violence or IPV/DV, especially when the victim-offender relationship is or was intimate (Kurt, 1995; Ashcroft, 2001; Whitford & Howells, 2000; James & Farnham, 2003; Barnett, Miller-Perrin, & Perrin, 2005). Researchers have suggested that prior or

current partners who enforce extreme isolation via stalking acts are the most likely batterers (Blaauw, Winkel, Arensman, Sheridan, & Freeve, 2002). Stalking as a variant of domestic violence is a serious social problem. It is also a complex behavior with social and cultural underpinnings as well as psychological determinants (Stalking and Domestic Violence Report To Congress, 2001).

4.2 Descriptive Statistics

Descriptive Statistics summarize and organize characteristics of a data set. The following graphs and tables relate to Paragraph 4.3, which is about measuring 'The Prevalence of Intimate Partner Violence in Aruba' and present an overview of the number of questionnaires distributed and the number of valid questionnaires obtained, the districts where the survey was held, and the age of the respondents. In the last graph, the female population at the time of the survey is depicted, which was used for the calculation of the sample.

A total of 960 questionnaires were distributed of which 819 questionnaires were collected, and of which 141 of the approached women did not want to participate. After cleaning up the data a total of 758 valid questionnaires remained that were used for data analyses using IBM SPSS 22. Chapter 3 contains more detailed information on the methods and materials used.

TABLE 12: Reason of no Response

	Frequency	Valid Percent
Not motivated	33	3.44
No time	60	6.25
Language problem	5	0.52
Other	43	4.48
Not applicable	819	85.31
Total	960	100.00

From the 960 women who were approached to participate in this study, 141 (14.69%) declined the request, due to the following reasons: 6.25% didn't have time, 3.44% didn't have the motivation/didn't want to, 0.52% due to language problem (even though the survey was available in 4 languages), 4.48% had other specific reasons for example: people are waiting for me or need to catch the bus, have to feed baby, or not having reading glasses.

TABLE 13: Age of Respondents

	Frequency	Valid Percent
<20 Years	66	6.88
20 - 29 Years	270	28.15
30 - 39 Years	251	26.17
40 - 49 Years	177	18.46
50 - 60 Years	193	20.13
Total	959	100.00
Missing	1	
Total	960	

Age of largest group of respondents lies between 20 – 50 years as expected, as literature indicates that the younger and older groups tend to have the smaller representation.

TABLE 14: District of Respondents and Representatives

	Frequency	Valid Percent
Oranjestad	169	17.71
Noord	228	23.90
Paradera	99	10.38
San Nicolas	197	20.65
Savaneta	112	11.74
Sta. Cruz	147	15.41
Total	954	100.00
Missing	6	
Total	960	

This overview corresponds with the size of the population living in the largest districts, namely, Noord and surroundings. The district of Noord has grown the last two decades from a small fishermen's town to the most populated area of Aruba, due to the growth of tourism. The district of San Nicolas had the second most participants, followed by the district of Oranjestad, which is the capital. The district of Santa Cruz and surroundings was also well represented. Also, the smallest districts of Aruba were represented, which are Paradera and Savaneta.

Figure 2: Graph I The 6 districts where the survey was held.

The number of respondents participating in this survey in the six most important districts of the island is shown in this graph:

1.	Noord	: 180	5.	Sta.Cruz	: 135
2/3.	Oranjestad	: 126	6.	Savaneta	: 88
4.	Paradera	: 87	7/8.	San Nicolas	: 142

The data refers to the districts where the surveys were held.

TABLE 15: Number of Women by District, 2019 and the Number of Respondents by District

District		Population of women	%	Number of respondents	%
Noord/Tanki Leendert		13416	21.75	180	23.75
Oranjestad		17489	28.35	126	16.62
Paradera		7189	11.65	87	11.48
Santa Cruz		7863	12.75	135	17.81
Savaneta		6657	10.79	88	11.61
San Nicolas		8714	14.13	142	18.73
Not reported		364	0.59	0	
Total population		61692	100.00	758	100.00

Source: Population Registry Office, 2016

The table above shows the number of respondents by district in comparison to the population of women per district. The calculation in the last column shows if the data collected has representation in each district. As can be seen, the women in five of the six districts are represented in the study.

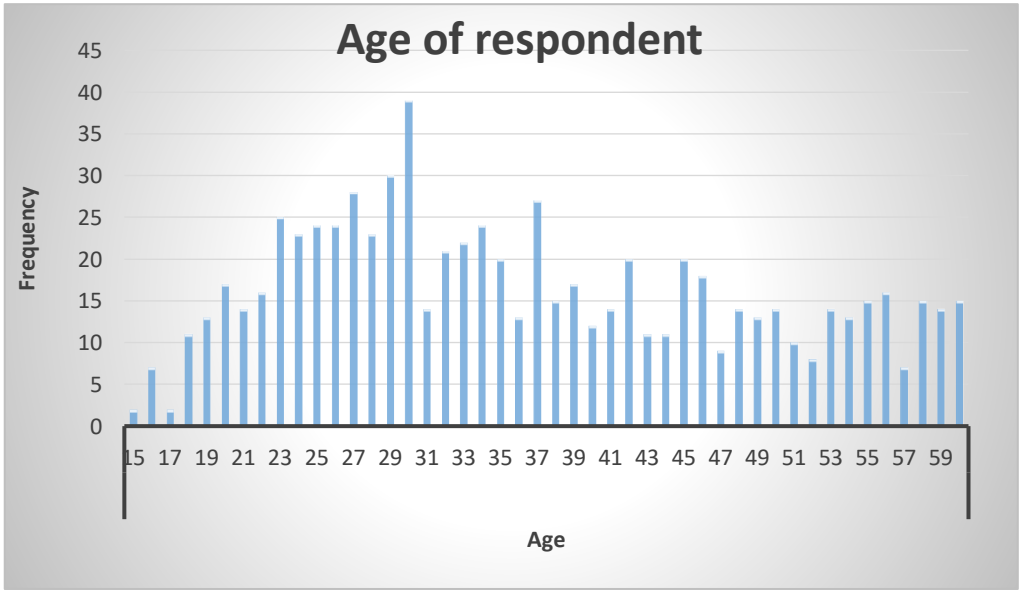


Figure 3: Graph II Age of Respondents

Graph II: This bar graph illustrates the age distribution of the respondents. The mean age is 36.5 varying from 15 and 60. Since the mode (30.0) < the median (34.0) < the mean (36.5), the skewness of this distribution is positive. This means that the distribution is not normal but leans to the left side, meaning that there are more younger respondents than older ones. The age of the largest group of respondents lies between 23 and 42 years. This coincides with scientific literature on this topic (Govaerts, 2005-2006;

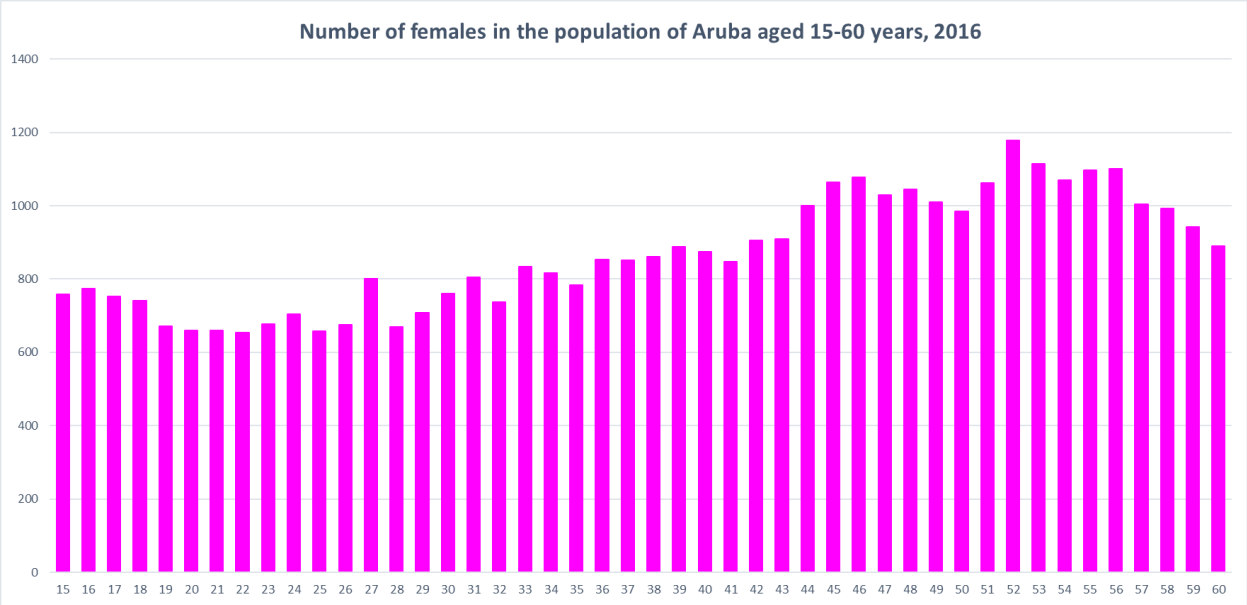


Figure 4: Graph III Female Population in 2016
Source: Population Registry Office, 2016

Graph III shows the female population of Aruba in 2016 when the survey was conducted. The target group consisted of women ranging from 15 to 60 years of age. The total population consisted of 58,203 women (52.6% of total). From this total, the target group of women between 15 and 60 years of age consisted of 39,592 individuals. Central Bureau of Statistics of Aruba also presents the population based on age groups of 5 years (15-19, 20-24, 25-29, etc.). When looking at the sample population of this study, it can be concluded that all age groups are represented except for the age group 15-19 (at 3.5% compared to CBS' at 10.1%) and the oldest age group which this study reached at 6.3% compared to CBS' of 12.6%.

The largest group of women in the population in 2016 was between 45 and 60 years of age, showing the aging of the population of Aruba. The mean age of women was 40.3 years. Although the curve of graph II and the curve of graph III are not identical, still one can state that the target group is quite well represented with a higher representation of the younger women of the target group.

The sample size of 380 women was calculated using a margin of error of 5% and a confidence level of 95%.

The following results relate to Paragraph 4.5 which is about demographic data and risk factors. The first results represent data on the age of the respondents.

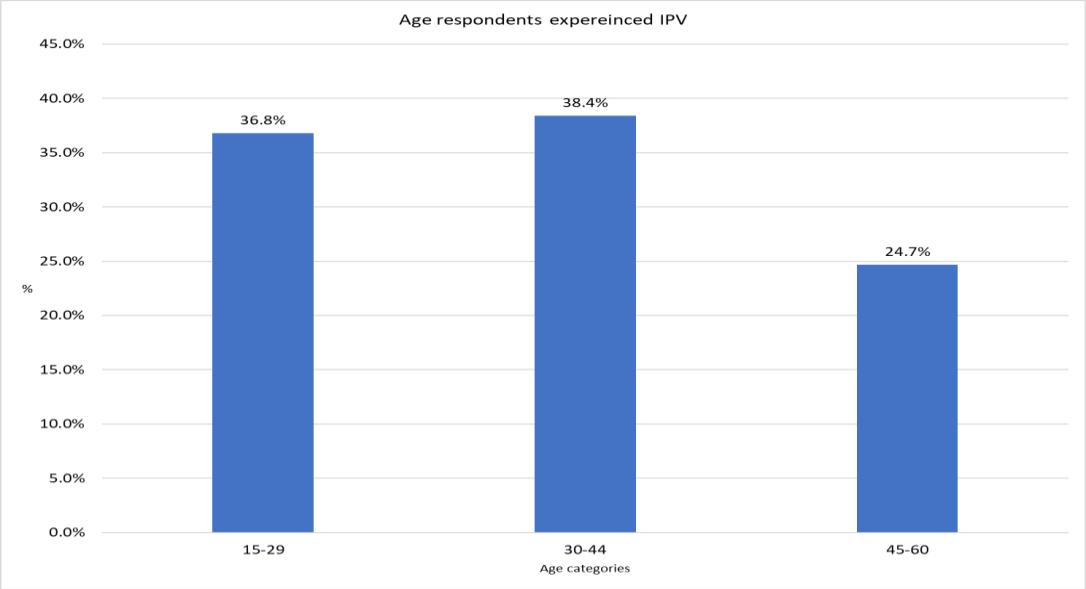
Age: The respondents were divided into the following three age groups:
Respondents between 15 and 29 years of age
Respondents between 30 and 44 years of age
Respondents between 45 and 60 years of age
From a total of 758 respondents, 753 respondents indicated their age on the questionnaire and five were missing. Two hundred and fifty-nine (259, 34.19%) belonged to age category a, 280, (36.94%) belonged to age group b, and 214 respondents (28.23%) belonged age group c.
From this total of 758 respondents, 437, (57.65%) reported that they had experienced one or more forms of IPV:
In the age group ranging from 15 – 29 years, 161 respondents (62.16%) had experienced one or more forms of IPV.
In the age group ranging from 30 – 44 years, 168, 960%) had experienced one or more forms of IPV and
In the age group ranging from 45 – 60 years, 108 (50.47%) had experienced one or more forms of IPV.

TABLE 16: Age Groups and IPV Categories

Abuse	Controlling	Physical	Psychological	Sexual
15-29	85.70%	31.10%	62.70%	13.70%
30-44	80.40%	29.80%	65.50%	14.30%
45-60	81.50%	23.10%	51.90%	15.70%

This table shows the results of the four forms of abuse reported by the respondents. It is remarkable that eight out of 10 respondents reported having experienced controlling behavior of their intimate partner, and more than half of all respondents reported having experienced psychological abuse. Where physical abuse is concerned, 15–29-year olds' scored the highest. This is consistent with literature on this topic (Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005; Capaldi, Knoble, Shortt, & Kim, 2012). The older age group of 45 – 60-year olds' scored higher in the sexual category abuse category, which was not as expected.
Literature states that Age, especially young age, is a risk factor for IPV (Asbroeck, 2005; Barnish, 2004), however in this specific case, when searching for association or correlation, this was not found.

Figure 5: Graph IV Age Respondents in Percentage Who Answered IPV Questions



This graph shows that IPV was most often reported by respondents in age groups 15-29 years and 30-44 years. It also shows that the number of female victims of IPV in age 45-60 start to decline. This coincides with literature on this topic (Richardson, 2002; Capaldi, Knoble, Shortt, & Kim, 2012).

4.3 Prevalence of Intimate Partner Violence in Aruba

4.3.1 General Information

The focus of this paragraph is on the prevalence of Intimate Partner Violence (IPV) in hetero-sexual relationships on the island of Aruba. As mentioned before, this was the first time that a national survey on Domestic Violence (DV), IPV and stalking was conducted on the island. Since feminism was chosen as a base paradigm approach for this study, questions were also asked about the identity of the perpetrator and about the feelings regarding the lived experiences of IPV and regarding the frequency of abuse.

This paragraph presents the outcome of the survey on the questions about all the forms of IPV. The hypothesis was that between 35% and 40% of women would report being a victim of IPV and that the lifetime victimization rate would be around 50%.

Types of Intimate Partner Violence (IPV) range from acts of mild verbal abuse to severe physical violence and even death. Intimate Partner violence consists of the following kinds of behaviors: control including financial control, threat, psychological/emotional, physical and/or sexual violence and stalking (Straus, 1979; Hamby, Boney-McCoy, & Sugarman, 1995; Shipway, 2004; WHO, 2010; WHO, 2014). Several types of IPV may occur together (CDC: Centers for Disease Control and Prevention, 2014). The chosen target group for this national survey was all women living on the island of Aruba between 15 and 60 years of age. The total number of 36.842 women

of this target group was used for calculating the sample size with an online sample size calculator with a margin of error of 5% and using a confidence level of 95%. The sample size was calculated at 380.

Based on this information, the decision was made to use public spaces to approach women in a random way (waiting area intercept approach) for an interview using the questionnaire developed for this survey. The public spaces used were the Dr. Horacio Oduber Hospital (HOH) in Oranjestad (the capital of Aruba), the IMSAN in San Nicolas (the second largest city of the island), the offices of the Social Security Bank in both cities mentioned earlier, and the consultant offices of the White Yellow Cross in the six districts of the island, for being the most frequently visited health institutions on the island. Although the chosen public spaces are mainly visited for health reasons, persons also visit these public spaces to undergo a medical test or to visit a sick family member. Consequently, a wider variety of persons in the target group were approached, decreasing bias forming. Anonymity and confidentiality were also guaranteed to the respondents willing to participate.

Taking into consideration that not everyone completed the questionnaire, it can be stated that 85.3% had at least the intention to participate. As mentioned above at Graph I, after cleaning of the data, a final total of 758 valid questionnaires from the 819 were used for the analyses. This is almost 2% of the target group of women ranging from 15 to 60 years of age, which was a little more than 36.842 at the time of the survey according to Graph IV, and which can be considered representative for a national survey according to scientific literature (Groves, Presser, & Dipko, 2004).

From the 758 respondents, 661 answered question 26: Do you have a partner at this moment and question 27: Did you have one or more than one partner the past 5 years affirmatively. From this number, 440 respondents answered the questions related to the different forms of IPV.

4.3.2 Measuring Intimate Partner Violence

Four sections contained questions on the different forms of IPV. Section V had questions on control, threat, financial control and physiological abuse, followed by a question about emotions felt during victimization and one question identifying the perpetrator; section VI contained questions on psychological abuse, followed by a question about emotions and identifying the perpetrator; section VII contained questions on physical abuse, followed by questions about emotions, identifying the perpetrator, and an extra question about frequency of victimization and section VIII contained questions on sexual abuse and had the same structure as section VII.

Section V 1: Questions on Controlling Partner

Control is a way of exhibiting power over the partner and is a form of IPV, given that it limits a woman in her mobility, her freedom of choice to speak to people she wants to speak to, to visit whomever she chooses to visit, or to make her own decisions. This section was introduced as follows: When two people get married or live together, they normally share good, but also bad moments. Sometimes unpleasant and even painful moments occur. The following questions are about your own experiences regarding the relationship between you and your (ex) husband/(ex)partner(s) during the past five years.

The prevalence of this form of IPV was measured by seven questions that could be answered with 'Yes' or 'No' (dichotomous variable). The respondents were asked to answer the following questions regarding control, contact restriction and psychological abuse: Would you say it is/was generally true that: a: he tries to keep you from seeing your friends b: he tries to restrict contact with your family of birth c: he insists on knowing where you are all the time d: he ignores you and treats you indifferently e: he gets angry when you speak with another man f: he is often suspicious that you are unfaithful and g: he expects that you ask his permission before seeking health care for yourself?

Results of Prevalence of Section V 1 on Controlling Partner

From 758 respondents, 661 (87.20%), had a husband/partner for more than five years or during the last five years. Of these respondents, 346, (52.34%), had suffered one or more forms of controlling abuse mentioned above. Therefore, 1 out of 2 respondents had experienced at least one form of control abuse.

Indicating the Perpetrator

The respondents were then asked to indicate who had been the perpetrator by answering the following question: If you had one or more than one partner in the past five years, can you indicate who has done the above mentioned to you? The options offered were: 1. current husband/partner, 2. an (ex)partner, 3. both, 4. prefer not to answer and 5. not applicable (N/A).

Out of 346 respondents, 69 (19.94%) did not answer these questions. Of the remaining respondents (277), 170 (61.37%) marked their current husband/partner as the perpetrator, 86 (31.04%) mentioned their (ex) husband/partner, 18 (6.50%) answered both, and 3 (1.08%) preferred not to answer.

Section V 2: A second set of questions of this section was about threat against the partner.

Threatening is also a form of showing power and of showing what a person can do to his partner in order to make her obey and make her submissive. The prevalence of this section was measured by seven questions, answered with 'Yes' or 'No' (dichotomous variable). For the last three questions, a third answer option, 'not applicable,' was added to the two existing options.

The respondents were asked to answer the following questions: Would you say it is/was true that: a: he has threatened to hurt you (hit, injure) b: he has threatened to hurt someone you care for (your parents, children, brothers or sisters, a relative) c: he has threatened to abandon you or to separate or divorce d: he has threatened to kill you if you leave/divorce him e: he has threatened to hurt or kill a pet, f: he has threatened to take the children away from you, g: he has threatened to send you/have you sent back to your country of origin?

Results of Section V 2 on Threatening Partner

From the 661 respondents, 133, (20.12%) respondents had experienced one or more forms of this kind of abuse, meaning that the prevalence of this kind of IPV is that one out of each five respondents had experienced one or more forms of this IPV form of abuse.

Indicating the Perpetrator

The respondents were then asked to indicate who had been the perpetrator by answering the following question: If you had one or more than one partner in the past five years, can you indicate who has done the above mentioned to you? The options offered were: 1. your current husband/partner, 2. An (ex)partner, 3. Both and 4. Prefer not to answer.

Twenty-eight (21.05%) respondents did not indicate the perpetrator. A total of 52, (39.10%) respondents, marked their current husband/partner as the perpetrator, 40 (30.07%) marked an (ex) partner, nine (6.77%) marked both.

Cross Tabulation Between Number of Control and Number of Threats

By cross tabulating the number of threats and number of control events, it appears that 366 (55.37%) respondents had experienced one form of control abuse or one form of threat, meaning that one out of two respondents had experienced one or more of these forms of IPV abuse.

Questions About Feelings/Emotions Regarding Questions of V 1 and V 2 Control and Threat

Research based on feminist ideology usually focuses on the perceptions, lived experiences and feelings of the victims, and not only on quantitative results (Bleier, Bowles, Klein, Raymond, & Spender, 1990; Reinharz, 1992). Therefore, if any of the abovementioned questions on domestic violence regarding control and threat was answered affirmatively, the respondents were asked to express how they had felt at the moment when the violence had happened. Five feelings expressing shame, helplessness, fear, as well as thinking that it was normal or justified, were asked. A 5-point Likert-scale was used with the categories ‘not at all,’ ‘hardly ever’, ‘sometimes/ sometimes not’, ‘a little bit’ and ‘very much’. An open category, classified as ‘other’ was offered to the respondents to express their lived experience/feelings in their own words.

TABLE 17: Feelings/Emotions Regarding Control and Threat

Feelings/Emotions	Not at all	Hardly ever	Sometimes, sometimes not	A little bit	Very much	Total2
	n=%	n=%	n=%	n=%	n=%	N
I felt ashamed	33=30.56%	9=8.33%	17=15.74%	18=16.67%	31=28.70%	108
I felt helpless	29=26.61%	5=4.59%	13=11.93%	18=16.51%	44=40.37%	109
I was afraid	29=25.89%	6=5.36%	14=12.50%	27=24.11%	36=32.14%	112
I thought it was normal	64=62.75%	6=5.88%	23=22.55%	7=6.86%	2=1.96%	102
I thought I deserved it	80=80.00%	2=2.00%	14=14.00%	4=4.00%	0=0.00%	100

Table 17 shows clearly that the most negative feeling being experienced was 'helplessness' (68.81%), followed by 'being afraid' (68.75%), and then followed by 'being ashamed' (61.11%). This table also shows clearly that the options 'I thought it was normal' and 'I thought I deserved it' were rejected by the majority of the respondents by respectively 62.75% and 80%. It is remarkable that still one out of three and one out of almost five women to certain extent thinks that it is normal or that they deserved it. These are the feelings regarding the forms of abuse control and threat.

Section V 3: A Third Set of Questions was About Light Physical Abuse. The prevalence of this section was measured by three questions with the answer options 'Yes' or 'No' (dichotomous variables). The respondents were asked to answer the following questions: Would you say it is/was true that: a. he sometimes locked you up intentionally b. he sometimes held you so hard that it hurt c. he sometimes pushed you hard against something.

Results of Section V 3 on Light Physical Violence

From a total of 661 respondents, 112 (6.94%) respondents reported that they had experienced one or more of the of abovementioned forms of abuse, meaning that one of each six of the respondents had experienced at least one of these forms of IPV abuse.

Indicating the Perpetrator

The respondents were then asked to indicate who had been the perpetrator by answering the following question: If you had one or more than one partner in the past five years, can you indicate who has done the a abovementioned to you?

From a total of 112 respondents, 13 (11.61%) did not answer this question, 50.00% marked their current husband/partner as the perpetrator, 43.75% marked an ex-partner, 5.36% marked both.

Section V 4: A Fourth Set of Questions was About Financial Control

The prevalence of this section was measured by four questions with 'Yes' and 'No' (dichotomous variable) and the last question had the option 'not applicable' for cases where the woman was not working. The respondents were asked to answer the following questions: Would you say it is/was generally true that: a. he refuses to give you enough money for household expenses, even when he has enough money for other things, b. he doesn't want you to be informed of the family income, even when you ask about it, c. he forbids you to work or have your own income d. he doesn't approve for you to keep your own income.

Results on Section V 4 on Financial Control/Abuse

Out of six hundred and sixty-one respondents 96, (14.52%), reported having experienced one or more of the above-mentioned forms of financial abuse. Therefore, the prevalence of this section of IPV abuse is 14.52%, meaning that one of each six of these respondents had experienced one of these forms of IPV abuse.

Cross Tabulation Between Financial Control and Minor Physical Violence

By cross tabulating the number of financial control events and number of minor physical events, it appears that 135 (20.42%) respondents had experienced one form of financial or one form of minor physical violence, which means that one of each five respondents had experienced one of the abovementioned forms of IPV abuse.

Indicating Perpetrator for Financial Control

The respondents were then asked to indicate who had been the perpetrator by answering the following question: If you had one or more than one partner in the past five years, can you indicate who has done the above mentioned to you?

Out of 76 respondents, 20 (26.32%) did not answer this question. A total of 76 answered as follows: 44.74% of the respondents marked the 'current husband/partner'; 51.32% marked an ex-partner; 1.32% marked 'both'.

TABLE 18: Feelings/Emotions about light physical abuse and financial control V3 and V4

Feelings/Emotions	Not at all	Hardly ever	Sometimes, sometimes not	A little bit	Very much	Total
	n=%	n=%	n=%	n=%	n=%	N
I felt ashamed	26=36.11%	7=9.72%	7=9.72%	15=20.83%	17=23.61%	72
I felt helpless	22=29.33%	3=4.00%	9=12.00%	13=17.33%	28=37.33%	75
I was afraid	33=44.00%	3=4.00%	10=13.33%	9=12.00%	20=26.67%	75
I thought it was normal	46=67.65%	2=2.94%	16=23.53%	3=4.41%	1=1.47%	68
I thought I deserved it	53=79.10%	0=0.00%	12=17.91%	1=1.49%	1=1.49%	67

Table 18 shows clearly that the most negative feeling/emotion when experiencing this kind of abuse was again 'helplessness' (almost 67%), followed by feeling 'afraid' and then feeling 'ashamed.' The options 'I thought it was normal' and 'I thought I deserved it were rejected by

successively 67.65% and 79.10% of the respondents, but still 32.35% and 20.90% responded respectively that they thought it was normal or they thought that they had deserved it.

Section VI was about Psychological or Emotional Abuse

This section was introduced as follows: In relationships between partners things sometimes are said that hurt and that are difficult to forget.

The prevalence was measured by four questions with 'Yes' and 'No' (dichotomous variables). The respondents were asked to answer the following questions:

Would you say it is/was generally true that: a. he insulted you or made you feel bad about yourself, b. he belittled or humiliated you in front of other people, c. he did things to scare or to intimidate you on purpose (e.g.; by the way he looked at you or by yelling and smashing things), d: he threatened to hurt you or someone you care about?

Results on Questions of Section VI: Psychological or Emotional abuse

Out of a total of 661 respondents, 253 (38.28%) answered that they had experienced one or more of the abovementioned forms of abuse, meaning that almost one out of three of these respondents had experienced at least one of these forms of IPV abuse.

Indicating the Perpetrator

The respondents who had answered affirmatively were asked to indicate the perpetrator if they had one or more partner in the past five years. The respondents answered as follows: Out of the 253 respondents 49 (19.37%) did not respond; (47.83%) reported their current husband/partner as the perpetrator; an ex-partner: 74 (29.25%); both: 9 (3.56%).

TABLE 19: Feelings/Emotions Regarding Psychological/Emotional Abuse Section VI

Feelings/Emotions	Not at all	Hardly ever	Sometimes, sometimes not	A little bit	Very much	Total
	n=%	n=%	n=%	n=%	n=%	N
I felt ashamed	55=29.10%	9=4.76%	29=15.34%	35=18.52%	61=32.28%	189
I felt helpless	51=26.84%	7=3.68%	27=14.2%	39=20.53%	66=34.74%	190
I was afraid	76=40.86%	12=6.45%	23=12.37%	26=13.98%	49=26.34%	186
I thought it was normal	120=70.18%	9=5.26%	30=17.54%	8=4.69%	4=2.34%	171
I thought I deserved it	125=75.30%	7=4.22%	26=15.66%	6=3.61%	2=1.20%	166

Table 19 shows clearly that the most negative feeling/emotion when experiencing this kind of abuse was again 'helplessness' (69.47%), followed in this case by feeling 'ashamed' (66.14%) and then followed by feeling 'afraid' (52.69%). The options 'I thought it was normal' and 'I thought I deserved it,' were respectively 75.44% and 79.52% rejected by the respondents, but still there were one out of four respondents that thought it was normal and one out of five that thought that they deserved it.

Section VII Held Questions on Physical Violence

Section VI held questions about physical violence and was introduced as follows: In relationships between partners, it sometimes happens that one partner is literally physically hurt. The following questions are about this situation. Can you indicate if any of the following acts were done to you by your (ex) husband/(ex)partner(s) during the past five years?

The prevalence was measured by 10 questions with Yes and No (dichotomous variable) and a third option which was 'I prefer not to answer'. The respondents were asked to answer the following questions: Would you say it is/it was true that: a. he slapped you, b. he threw something at you that could hurt you, c. he pushed you, shoved you or pulled your hair, d. he hit you with his fist or with something else, e. he beat you up, f. he kicked you, g. he tried to choke you, h. he tried to burn you (with an object or lighted cigarette), i. he threatened to use a knife against you, j: he threatened you with a gun?.

Results on Section VII: Physical Violence

Out of a total of 661 respondents, 97 (14.67%) respondents indicated that they had experienced one or more of the above-mentioned forms of abuse, meaning that one out of almost seven (1 out of 7) of these respondents has experienced at least one of these forms of IPV abuse.

Indicating the Perpetrator

The respondents who had answered affirmatively indicated who had been the perpetrator as follows:

Out of ninety-seven (97) respondents, thirty-six (36, 37.11%) marked their current husband/partner as the perpetrator; forty-seven (47, 48.45% marked an ex-partner, five respondents marked both, which is 5.15%; nine respondents (9.28%), didn't report.

TABLE 20: Feelings and Emotions Regarding Physical Violence Section VII

Feelings/Emotions	Not at all	Hardly ever	Sometimes, sometimes not	A little bit	Very much	Total
	n=%	n=%	n=%	n=%	n=%	N
I felt ashamed	12=16.00%	0=0.00%	11=14.67%	10=13.33%	42=56.00%	75
I felt helpless	13=16.05%	1=1.23%	8=9.88%	11=13.58%	48=59.26%	81
I was afraid	10=11.63%	2=2.33%	8=9.30%	10=11.63%	56=65.12%	86
I thought it was normal	53=75.71%	2=2.86%	10=14.29%	3=4.29%	2=2.86%	70
I thought I deserved it	57=83.82%	0=0.00%	8=11.76%	2=2.94%	1=1.47%	68

Table 20 shows as the most negative feeling/emotion 'I was afraid' (86.05%), followed by 'I felt ashamed' (84.00%) and then followed by 'I felt helpless' (82.72%). The options 'I thought it was normal' and 'I thought I deserved it' were totally rejected by respectively 75.71% and 83.82% of the respondents, but still there was one out of four respondents who thought it was normal and one out of six who thought that she deserved it.

Measuring Frequency of Physical Violence

The frequency of the physical violence was measured by asking the respondents to indicate how often this had happened: "once; a few times; more than once a year, but not every month; at least every month, but not every day; (almost) every day; varying; I cannot remember".

The respondents answered this question as follows:

TABLE 21: Frequency

Frequency of physical harassment	N	% (valid)
Once	24	25.00
A few times	39	40.63
More than once a year, but not every month	10	10.42
At least every month, but not every day	5	5.21
(Almost) every day	7	7.29
Varying	10	10.42
I cannot remember	1	1.04
Total	96	100.00

Table 21 shows that the most mentioned frequency is 'A few times', namely 40.63%, followed by frequency 'once' (25.00%); followed by frequencies 'more than once a year, but not every month' and 'varying', 10.42% each. Alarming is the mentioning of frequencies '(almost) every day' by 7.29% of the respondents and 'at least every month, but not every day' by 5.21% of the respondents.

Section VIII: Sexual Violence: This section contained questions on sexual violence and was introduced as follows:

In relationships between partners, it sometimes happens that a partner doesn't like some intimate acts or thinks that these acts are painful or even humiliating. The following questions are about these situations.

The prevalence of sexual violence was measured by asking the following five questions with answer options: 'Yes, No and I prefer not to answer': Would you say it is/was true that your (ex) husband or (ex) partner(s): a. has forced you to watch porno/sexual acts, b. has forced you to have sexual intercourse when you did not want to, c. you still had sexual intercourse, while you did not want to because of what your husband/partner might do, d. has forced you to do something else sexual that you did not want or that you found degrading or humiliating, e. has forced you to have sexual intercourse without using contraceptives like the pill or condom. The option f. 'Other, please indicate' was offered to give the respondents the possibility to express/mention a different situation.

Results on Questions About Sexual Violence Section VIII

Out of six hundred sixty-one (661) respondents sixty-three (63, 9.53%) wrote that they had experienced one or more of the abovementioned forms of abuse, meaning that one out of almost eleven (1 out of 11) of these respondents had experienced at least one form of this IPV abuse.

Indicating the Perpetrator

The respondents who had answered affirmatively were asked to indicate the perpetrator if they had one or more partner in the past five years. The respondents answered as follows: Out of 63 respondents 23 (36.51%) marked their current husband/partner; 30 (47.62%) marked an ex-partner; both: three (4.76%).

TABLE 22: Feelings and Emotions regarding sexual violence Section VIII

Feelings/Emotions	Not at all	Hardly ever	Sometimes, sometimes not	A little bit	Very much	Total
	n=%	n=%	n=%	n=%	n=%	N
I felt ashamed	13=24.07%	3=5.56%	9=16.67%	6=11.11%	23=42.59%	54
I felt helpless	12=21.82%	1=1.82%	8=14.55%	8=14.55%	26=47.27%	55
I was afraid	11=20.00%	1=1.82%	7=12.73%	12=21.82%	24=43.64%	55
I thought it was normal	30=65.22%	1=2.17%	6=13.04%	3=6.52%	6=13.04%	46
I thought I deserved it	33=73.33%	2=4.44%	6=13.33%	4=8.89%	0=0.00%	45

Table 22 shows once more feeling 'I felt afraid' as the most negative feeling/emotion (78.18%), followed by feeling 'I felt helpless' (76.36%) and then followed by 'I felt ashamed' (70.37%). And once more the feelings 'I thought it was normal' and 'I thought I deserved it' were almost totally rejected by the respondents (by respectively 65.22% and 73.33%). One out of three women and one out of four still thought it is normal and that she deserved it.

The frequency of sexual violence was measured by asking the respondents to indicate how often the abuse had happened. The options offered were: 'once; a few times; more than once a year, but not every month; at least every month, but not every day; (almost) every day; varying: I cannot remember'.

TABLE 23: FREQUENCY

Frequency of moral harassment	N	% (valid)
Once	10	15.38
A few times	36	55.38
More than once a year, but not every month	4	6.15
At least every month, but not every day	1	1.54
(Almost) every day	4	6.15
Varying	8	12.31
I cannot remember	2	3.08
Total	65	100.0

Table 23 shows the frequency of sexual abuse, where 'a few times' (55.38%) is the most mentioned frequency, followed again by frequency 'once' (15.38%) and then followed by 'varying' (12.31%). The frequencies 'more than once a year, but not every month' and (almost) every day' were each marked by 6.15% of the respondents.

4.3.3 Discussion

Section Control abuse remark: During the interviews, some respondents remarked that 'insisting in knowing where I am all the time' was not seen as something negative, but rather as something positive and protective. These respondents said that both partners had agreed to let each other know where they were and how long it would take them to reach home, this in connection with planning who would take the children from school and/or take care of some errands. Nevertheless, the effect of 'control' is expressed in the word 'insisting' which has a negative and menacing "sound."

Summarizing the prevalence of each section shows us the next outcome:

The decision was made to consider each (one) form of IPV abuse serious enough as a real form of IPV abuse. In this case 'control' as a form of abuse is as serious as a physical form of abuse.

Section control prevalence : 1 out of 2 of the respondents
Section threat : 1 out of 5 of the respondents
Section light physical abuse : 1 out of 6 of the respondents
Section psychological abuse : 1 out of 3 of the respondents
Section financial control : 1 out of 7 of the respondents
Section physical violence : 1 out of 7 of the respondents
Section sexual violence : 1 out of 11 of the respondents

In general, it can be stated that the prevalence of violence against women in the last five years in Aruba, is almost 1 out of 6.

Crosstabulation Age Group with Types of Abuse

A total of 46 statements were used to measure the seven types of abuse presented in the above section, including six statements to measure the physical consequence of abuse. The variables were of a categorical nature which implied that a crosstabulation was used to look for significant associations. The results are as follow:

A Chi-square test for independence indicated five significant associations between Age Group and Types of Abuse, specifically between Age Group and "He gets angry when you speak with another man" df=2, x^2 = 18.67, p = <0.001, "He is often suspicious that you are unfaithful" df=2, x^2 = 7.05, p = 0.029, "He expects that you ask his permission before seeking health care for yourself" df=2, x^2 = 8.90, p = 0.012, "He has threatened to take the children away from you" df=2, x^2 = 7.60, p = 0.022, and "He has forced you to do something else sexual that you did not want or that you found degrading or humiliating" df=4, x^2 = 10.30, p = 0.036. Four of these significant associations are the case for the younger age group. The one about threatening to take the kids away belongs to the middle age group.

Crosstabulation Level of Education with Types of Abuse:
A Chi-square test for independence indicated 15 significant associations between Level of Education and Types of Abuse, specifically between Level of Education and "He tries to restrict contact with your family of birth" df=2, x^2 = 6.25, p = 0.044, "He insists on knowing where you are all the time" df=2, x^2 = 20.88, p = <0.001,"He gets angry when you speak with another man" df=2, x^2 = 8.06, p = 0.018, "He is often suspicious that you are unfaithful" df=2, x^2 = 7.19, p = 0.027, "He expects that you ask his permission before seeking health care for yourself" df=2, x^2 = 7.00, p = 0.030, "He has threatened to hurt you" df=2, x^2 = 7.62, p = 0.022, "He has threatened to send you back to your country of origin" df=2, x^2 = 10.92, p = 0.004, "He sometimes pushed you hard against something" df=2, x^2 = 8.24, p = 0.016, "He forbids you to work or have your own income" df=2, x^2 = 13.21, p = 0.001, "He doesn't approve for you to keep your own income" df=2, x^2 = 11.07, p = 0.004, "He threatened to hurt you or someone you care about" df=2, x^2 = 6.82, p = 0.033, "He slapped you" df=4, x^2 = 11.21, p = 0.024, "He has forced you to have sexual intercourse without using contraceptives like the pill or condom" df=4, x^2 = 9.73, p = 0.045, "You had bruises, scratches, cuts, or aches" df=2, x^2 = 8.84, p = 0.012, and "You had injuries to eyes and ears" df=2, x^2 = 6.88, p = 0.032. Thirteen of these significant associations are the case for the lowest education group. The one about threatening to send you back to your country of origin belongs to the highest education group, and the one pertaining to injuries to eyes and ears belongs to the middle education level group.

Crosstabulation Income with Types of Abuse:
A Chi-square test for independence indicated 13 significant associations between Level of Income and Types of Abuse, specifically between Level of Income and "He tries to keep you from seeing your friends" df=2, x^2 = 12.45, p = 0.029, "He insists on knowing where you are all the time" df=2, x^2 = 20.08, p = 0.001,"He gets angry when you speak with another man" df=2, x^2 = 19.81, p = 0.001, "He is often suspicious that you are unfaithful" df=2 x^2 = 22.76, p = <0.001, "He has threatened to hurt you" df=5, x^2 = 17.50, p = 0.004, "He has threatened to abandon you or to separate/divorce you" df=5, x^2 = 15.03, p = 0.010, "He has threatened to send you back to your country of origin" df=5, x^2 = 25.66, p = <0.001, "He sometimes pushed you hard against something" df=5, x^2 = 17.25, p = 0.004, "He doesn't approve for you to keep your own income" df=5, x^2 = 12.51, p = 0.028, "He belittled or humiliated you in front of other people" df=5, x^2 = 18.73, p = 0.002, "He slapped you" df=10, x^2 = 21.54, p = 0.018, "He has forced you to have sexual intercourse when you did not want to" df=10, x^2 = 18.47, p = 0.048, and "You had bruises, scratches, cuts, or aches" df=5, x^2 = 14.06, p = 0.015. All of these thirteen significant associations are the case for the lowest income group (between no income and Afl. 2000.00) per month.

Limitation: The violence measured was only the violence against women in a heterosexual relationship. Measuring violence in a homosexual relationship requires a different approach and study based on different theories. This counts also for measuring violence by and against men and women.

4.4 Prevalence of Domestic Violence Before the Age of Eighteen

4.4.1 General Information

The focus of the study presented in this paragraph aimed at collecting data from the participants about domestic violence/abuse experienced before they had reached the age of 18, in other words before adulthood. There is little known about the extent of child abuse in Aruba because no study or inquiry has been done to measure child abuse, even when there will be at least one case of child abuse mentioned every week in the news and social media. What has become more shocking is that cases of sexual abuse of children, even babies, are increasing. This has led to install a special office resorting under the minister of Social Affairs as a central complaints' office called 'Sostene Mi' (Support Me), where caregivers such as teachers and physicians can report cases of child abuse and, which will be followed up by this complaint center point together with other departments involved in taking care and protection of abused children. This has also led to the recent installment of a special Committee by the government of Aruba to study the causes of this Social Crisis of Domestic Violence and Intimate Partner Violence and to present programs to combat and to prevent these problems of abuse.

The purpose of this study was to collect information from the participants regarding having experienced domestic violence and abuse before adulthood and consequently to trace if there is an association between the Intimate Partner Violence and Intimate Sexual Violence (IPV/IPSV) victim and lived experiences of psychological, physical and sexual abuse as a child. Therefore, a special section of the questionnaire was reserved, containing 18 questions about emotional/psychological abuse, light physical and more severe physical abuse and sexual abuse.

The respondents were asked to answer these questions with Yes or No (dichotomous variables). Right behind these questions followed a sub section containing questions about the feelings or emotions felt when the abuse happened. This was followed by a sub section asking the respondents to indicate the perpetrator and the last sub section was about indicating the frequency of the abuse. The prevalence of IPV together with the prevalence of Domestic Violence before the age of 18 is the prevalence of violence in a lifespan of a woman.

The results on measuring the prevalence of Domestic Violence before 18 years were that 53.3% of the respondents experienced one or more forms of the mentioned types of abuse, meaning that the prevalence is 1 out of 2. Comparing the results of the three forms of abuse examined, emotional abuse has the highest prevalence being (37.86%), followed by physical abuse (35.09%) and sexual abuse (20.18%).

On November 20, 1989, The General Assembly of the United Nations approved the Convention on the Rights of the Child. The Convention became and is still the most universally accepted human rights treaty in history.
Studies on violence against children and adolescents distinguish four specific forms of violence:

a: at home: this is the place where a child's first exposure to violence is likely to occur in the form of verbal abuse, violent physical discipline, and exposure to domestic abuse during early childhood.
b: violence at school, where children are meant to learn and socialize. This happens in the form of bullying and harsh physical punishment by the teachers.
c: violent deaths among adolescents. This happens in the form of fights using knives, and other deadly weapons and because of drug trafficking. In countries where conflicts or civil insurrections occur like in Central and South America and in the Middle East and shootings in the United States of America, many children and youngsters have lost their life.
d: sexual violence in childhood and adolescence. The statistics reveal that children experience violence across all stages of childhood, in diverse settings, and often at the hands of the trusted individuals, with whom they interact on a daily basis. For many children violence wears a familiar face. While boys are at a higher risk of dying from violence, girls are generally more vulnerable to sexual victimization. Children and youngsters, boys and girls are also victims of human trafficking and pornography (UNICEF, 2017).

Literature teaches that victimized children and youngsters may exhibit symptoms such as excessive fear, anxiety, problems with verbalizing emotion, aggressive behavior, possessiveness, stomach aches, insomnia, insecurity, nightmares and bedwetting. Rape is known to cause insecurity, anxiety, fear, low self-esteem, depression, and post-traumatic stress (Lourenco, et al 2013; Thornton, 2014).

A special section of the questionnaire was dedicated to questions regarding domestic violence with the purpose to get information of the participants who had experienced violence, in one or more forms, before reaching adulthood. This section formed the third section of the whole questionnaire and contained questions about violence that the respondents might have experienced as a child. A modified version of the Conflict Tactics Scale (CTS), (Straus, 1979), was used to screen respondents for emotional, physical and sexual assault as a child by an adult caretaker, siblings, boyfriends or acquaintances in 18 questions. The reliability statistics index in Cronbach's Alpha was 0.861.
Research based on feminist ideology usually focuses on the perceptions, lived experiences and feelings of the victims, and not only on cyphers (quantitative) results (Bleier, Bowles, Klein, Raymond, & Spender, 1990; Reinharz, 1992; Ryan, 1992). Therefore, a special section was added to measure the feelings and or emotions of the victims at the time of the abuse.
Feminist theories encourage the victim to break the silence and to speak out (MacKinnon, 1994; Bleier, Bowles, Klein, Raymond, & Spender, 1990; Reinharz, 1992; Ryan, 1992). Therefore, a section containing the possibility of indicating the perpetrator was added to the questionnaire.

4.4.2 Measuring the Prevalence of Domestic Violence Before Adulthood

The prevalence of Domestic Violence before 18 years was measured using 18 questions with 'Yes' and 'No' options (dichotomous variables). Questions about experiences with domestic violence as a child were divided in psychological (emotional), physical and sexual violence questions.

This section was introduced as follows: Unpleasant situations and even painful occurrences in family life happen everywhere in the world. It can happen between siblings, family members, partners, and also friends of the family. The following questions are about these unpleasant and painful situations at home/social (close friends) circle in the period before you became 18 years of age.

The questions were about having been belittled and ridiculed as a child, having received regularly offending remarks, having been threatened to be expelled from home, been threatened to be hurt, threatened about hurting a beloved person or pet, been locked intentionally somewhere, been pushed hard against something, been held so hard that it hurt, been sometimes someone hit or kicked, been sometimes stabbed with a knife or some sharp object; been burned intentionally with an iron, lighted cigarette or some other hot object; been abused physically in some other way, sometimes been threatened to be assaulted or raped; someone showed his/her intimate part unwantedly to me; been forced to look to sexual acts; been touched sexually against own will; been forced to touch someone in a sexual way; been raped.

As noticed: The first five questions were about psychological/emotional violence. These questions were followed by seven questions regarding physical experiences of violence, three regarding minor physical violence and four regarding a more severe form of physical violence. The last six sets of questions regarded sexual abuse violence. All participants could answer one or more of these questions. The results as marked by the respondents without IPV experience are displayed on the graph below showing the answers of all participating respondents. These results refer to the population who have not experience IPV.

4.4.3 Results

In total 404 (N=404) participants reported that they experienced at least one form of abuse before 18 years of age. This means that the prevalence of domestic violence before 18 years of age is 404/758 x 100= 53.30%, meaning that more than half of the respondents have experienced at least one form of Domestic (intra familiar) violence before reaching adulthood. The prevalence of Domestic Violence before adulthood can therefore be determined as 1 out of 2 persons.

The total of the questions answered by non-IPV respondents regarding emotional abuse such as offending remarks, belittled and ridiculed, threatened to be hurt, threatened with expelling from home and threatened to hurt beloved person or pet, is 632.

The total of the questions answered by non-IPV respondents regarding physical abuse such as hit or kicked, held so hard that it hurt, pushed hard against something, abused physically, locked somewhere, burned with hot object and stabbed with sharp object is 553.

The total of the questions answered by non-IPV respondents regarding sexual abuse such as touched sexually against my will, unwanted view of intimate parts, threatened with assault or rape, forced sexual touch of other, I was raped, forced look at sexual acts is three hundred eighty-eight (388).

Results of measuring the Prevalence of Domestic Violence without IPV

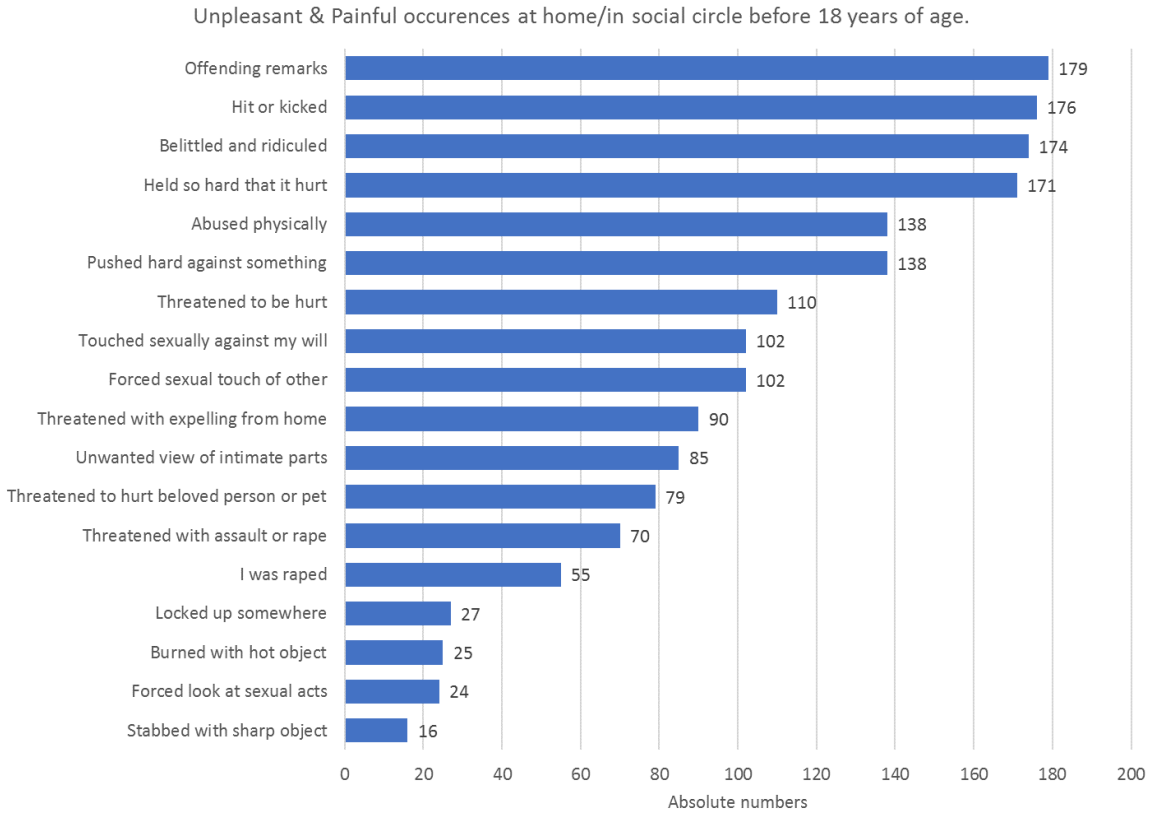


Figure 6: Types of Domestic Violence without IPV

Figure 6 shows that two of the most mentioned forms of psychological/emotional abuse are 'offending remarks' (179, 28.32%) and 'belittled and ridiculed' (174, 27.53%). The most common type of physical abuse mentioned were 'hit or kicked' (176, 31.83%), 'held so hard that it hurt' (171, 30.92%), 'abused physically' (138, 24.95%) and 'pushed hard against something (138, 24.95%). The most common types of sexual abuse are 'touched sexually against my will' and 'forced sexual touch of other,' both (102, 26.29%), followed by 'unwanted view of intimate parts' (85, 21.91%). Literature on this topic also mentioned psychological/emotional abuse as the most experienced form of abuse by the victims, followed by physical forms and sexual forms of abuse (Tjaden & Thoennes, Full Report of the Prevalence, Incidence, and Consequences of Violence against Women - Findings from the National Violence against Women Survey, 2000).

The total of the sums of emotional abuse (632), physical abuse (553), and sexual abuse (388) is 1573. Comparing the results of the three forms of abuse, emotional abuse has the highest

prevalence being this (632, 40.18%), followed by physical abuse (553, 35.16%) and sexual abuse (388, 24.67%).

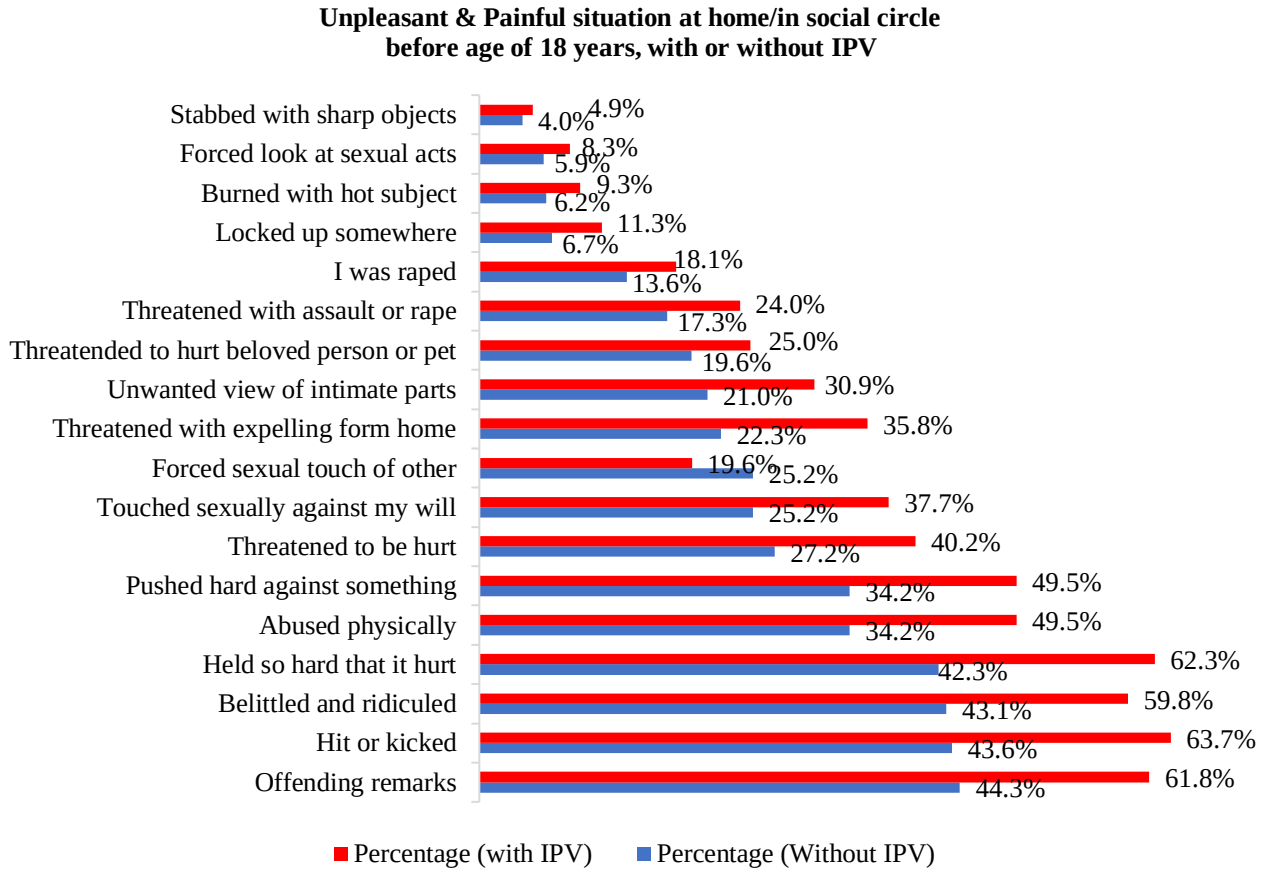


Figure 7: Comparison of Types of Domestic Violence with IPV or no IPV

The prevalence of experienced abuse before the age of 18 for all respondents is 53.3% and for the group of respondents who have experienced IPV, the prevalence of experienced abuse before the age of 18 years is 63.2%. The percentage is higher in the group who experienced IPV.

Comparing the Results of Domestic Violence with and without IPV

The graph above displays a comparison between domestic violence without Intimate Partner Violence (IPV), (marked in the color dark blue) and domestic violence with IPV, (marked in red). As shown, there is a considerable large amount of the participating respondents who have experienced domestic violence before the age of 18 years who has not experienced IPV (marked in dark blue), which is 404 compared to the respondents who have experienced IPV, marked in red which is 204. It shows, as expected, that the number of respondents that only answered the abovementioned questions on Domestic Violence before the age of 18, outnumbers the number of respondents who also answered the questions on IPV. The numbers differ, due to the fact that more respondents answered the abovementioned questions than those who also answered the IPV questions, but the message is the same.

4.4.4 Association Between Experienced Violence Before the Age of 18 and IPV

To be able to state whether there is a significant association between respondents who have experience IPV and abuse before the age of 18, a Pearson chi-square test was used to see if this association is significant using $p < 0.05$.

The chi-square test shows a Pearson chi-square of 38.071 with p=0.000, meaning there is a significant association between respondents who have experienced IPV and abuse before the age of 18 years, supporting in this way the theory that victims of domestic violence before adulthood are likely to be also a victim of IPV in adulthood (Black et al., 2011).

Percentage of Women Having Experience 1 to 5 Different Types of Emotional Abuse

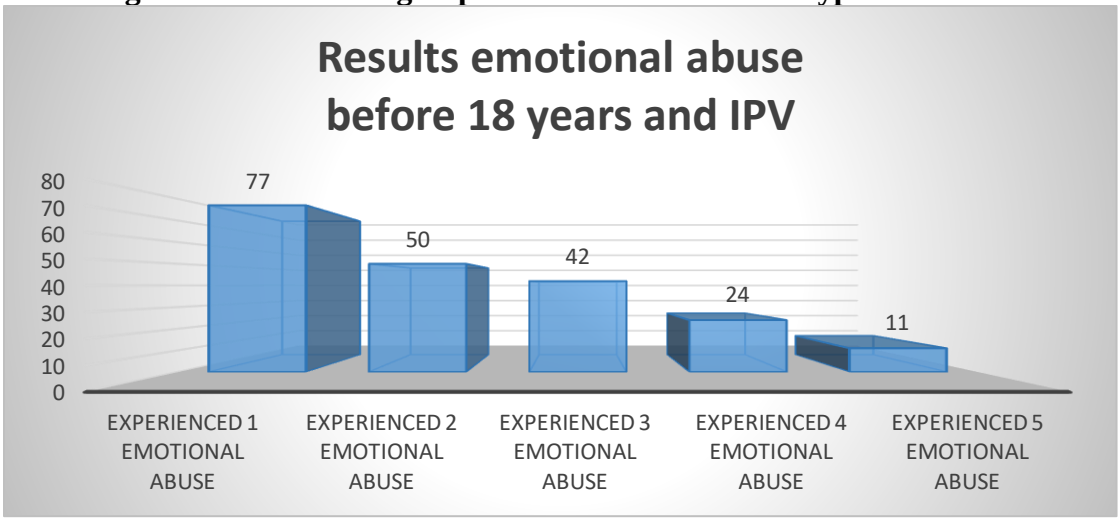


Figure 8: Results Emotional Abuse Before 18 Years with IPV

The numbers of respondents mentioned are those respondents who also reported having experienced Intimate Partner Violence (IPV). A total of 454 (36.41%) respondents marked having experienced emotional abuse. Two hundred and four (N=204) of these respondents reported having experienced emotional abuse before reaching adulthood, which is 44.93%. Of these 204 respondents, 77 (16.96%) reported having experienced one emotional form of abuse. Fifty (11.01%) reported having experienced two forms of emotional abuse. Forty-two (9.25%) reported having experienced three forms of emotional abuse. Twenty-four (5.29%) reported having experienced four forms of abuse and 11 (2.42%) reported having experienced five forms of emotional abuse.

Percentage Women Having Experienced 1 to 6 Different Types of Physical Abuse

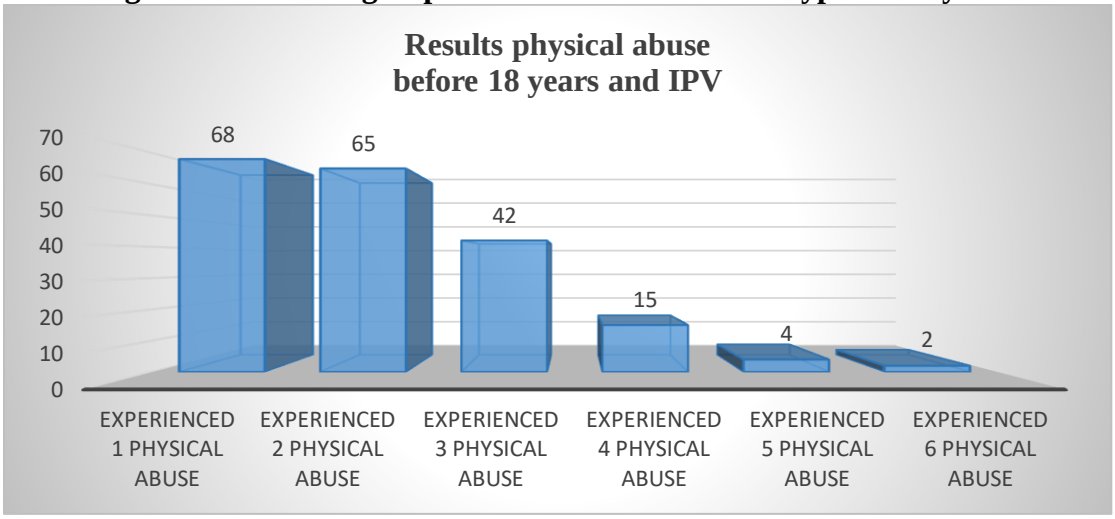


Figure 9: Physical Abuse Before 18 Years with IPV

The numbers of respondents mentioned are those respondents who also reported having experienced IPV. A total of 553 respondents marked having experienced physical abuse. One hundred and ninety-three (N=193) of these respondents reported having experienced physical abuse before adulthood. Sixty-eight (12.29%) respondents reported having experienced one form of physical abuse. Sixty-five (11.75%) reported having experienced two forms of physical abuse. Forty-two (7.59%) reported having experienced three forms of physical abuse. Fifteen respondents (2.72%) reported having experienced four forms of physical abuse. Four (0.72%) respondents experienced five forms of physical abuse and two (0.36%) experienced six forms of physical abuse.

Percentage Women Having Experienced 1 TO 6 Different Types of Sexual Abuse

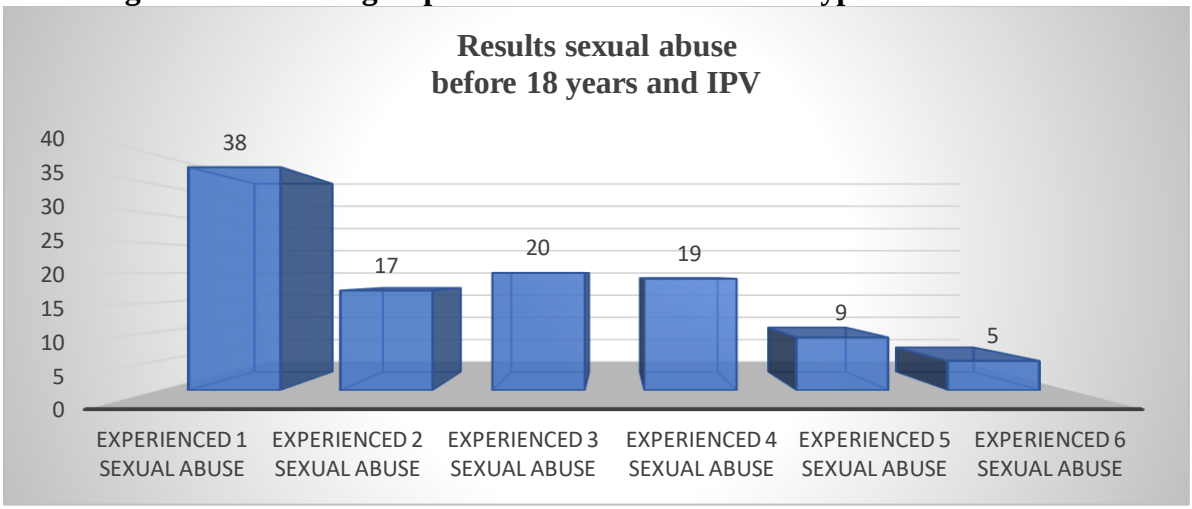


Figure 10: Sexual Abuse Before 18 Years with IPV

In 108 (38.16%) of 283 respondents reported having experienced sexual abuse before reaching adulthood. Thirty-eight (13.42%) of these respondents reported having experienced one form of

physical abuse. Seventeen (6.01%) reported having experienced two forms of sexual abuse before 18 years of age. Twenty (7.07%) respondents reported having experienced three forms of sexual abuse. Nineteen (6.71%) reported having experienced four forms of sexual abuse. Nine (3.18%) reported having experienced five forms of sexual abuse and five (1.77%) respondents reported having experienced six forms of sexual abuse.

Conclusion

In total 404 participants reported that they experienced at least one of the forms of abuse before 18 years of age. This means that the prevalence of domestic violence before 18 years of age is 404/758 x 100= 53.30%, meaning that more than half of the respondents have experienced at least one form of Domestic Violence before reaching adulthood. The conclusion is that the prevalence of Domestic Violence before adulthood can be determined as one out of two.

In total 1709 boxes indicating an abuse item were marked. In other words, 1709/404 = 4.28, this meaning that each respondent who answered these questions had experienced at least four forms of abuse before reaching 18 years of age.

4.4.5 Measuring Emotions (no IPV)

If any of the abovementioned questions on domestic violence was answered affirmatively, the respondents were asked to express how they had felt on the moment when the violence had happened. Five feelings expressing shame, helplessness, fear, as well as thinking that it was normal or justified were response options. A 5-point Likert-scale was used with the categories 'not at all,' 'hardly ever,' 'sometimes, sometimes not', 'a little bit' and 'very much'. An open category, classified as 'other' was offered to the respondents to express their lived experience/feelings in their own words.

TABLE 24: Emotions without IPV

Feelings/ Emotions	Not at all	Hardly ever	Sometimes, sometimes not	A little bit	Very much	Total
	n=%	n=%	n=%	n=%	n=%	n=%
I felt ashamed	62=20.67%	13=4.33%	50=16.67%	52=17.33%	123=41.00%	300
I felt helpless	50=16.08%	10=3.22%	47=15.11%	57=18.33%	147=47.27%	311
I was afraid	55=16.98%	11=3.40%	49=15.12%	65=20.06%	144=44.44%	324
I thought it was normal	173=59.25%	19=6.51%	66=22.60%	19=6.51%	15=5.14%	292
I thought I deserved it	188=65.28%	9=3.13%	47=16.32%	17=5.90%	27=9.38%	288

One hundred and forty-seven (47.27%) respondents marked that the strongest feeling they felt when being abused was helplessness, followed by 144 (44.44%) respondents who expressed having felt fear and 123 (41.00%) who expressed having felt shame. Quite some respondents, namely 188 (65.28%), didn't think that they deserved at all what happened to them and 173 (59.25%) didn't qualify the inflicted abuse as normal.

TABLE 25: Emotions with IPV

Feelings/emotions	Not at all	Hardly ever	Sometimes, sometimes not	A little bit	Very much	Total
	n=%	n=%	n=%	n=%	n=%	N
I felt ashamed	42=20.19%	11=5.29%	35=16.83%	35=16.83%	85=40.87%	208
I felt helpless	26=12.04%	7=3.24%	34=15.74%	40=18.52%	109=50.46%	216
I was afraid	32=14.29%	10=4.46%	34=15.18%	44=19.64%	104=46.43%	224
I thought it was normal	122=61.00%	9=4.50%	47=23.50%	12=6.00%	10=5.00%	200
I thought I deserved it	128=65.64%	5=2.64%	33=16.9%	12=6.19%	17=8.72%	195

One hundred and nine (50.46%) respondents marked that they felt helpless, followed by 104 (46.43%) respondents who expressed having felt fear and (40.9%) who reported having felt ashamed. One hundred and twenty-eight (65.64%) respondents didn't think that they deserved the abuse inflicted upon them and 122 (61.00%) responded that being abused was not considered normal.

A total of 54 respondents preferred to express another feeling/emotion using the 'other' option, which functioned as a qualitative method for own lived feelings/emotions. Here follows a diversity of emotions expressed by respondents/victims that were mentioned one to three times: Afraid of talking; confused; dirty; guilty; hate; offended; I wanted him to die; I was too young; injustice; insecure; life is unfair; pain of ignoring; shocked; tried to deal with the problem. Two emotions that were mentioned the most in this category were, I felt sad (4 out of 54) and angry (27 out of 54). Angry was expressed by 50% of the respondents, making it the most common feeling/emotion expressed.

4.4.6 Indicating the Perpetrator

To indicate the perpetrator the respondents were asked to mark one or more of the following answer categories: 'my father', 'my mother', 'my stepfather', 'my stepmother', 'some other relative (brother/sister/uncle/aunt)', 'my boyfriend', 'a family friend', 'Other, namely' and 'prefer not to answer.

Results Indicating the Perpetrator (no IPV)

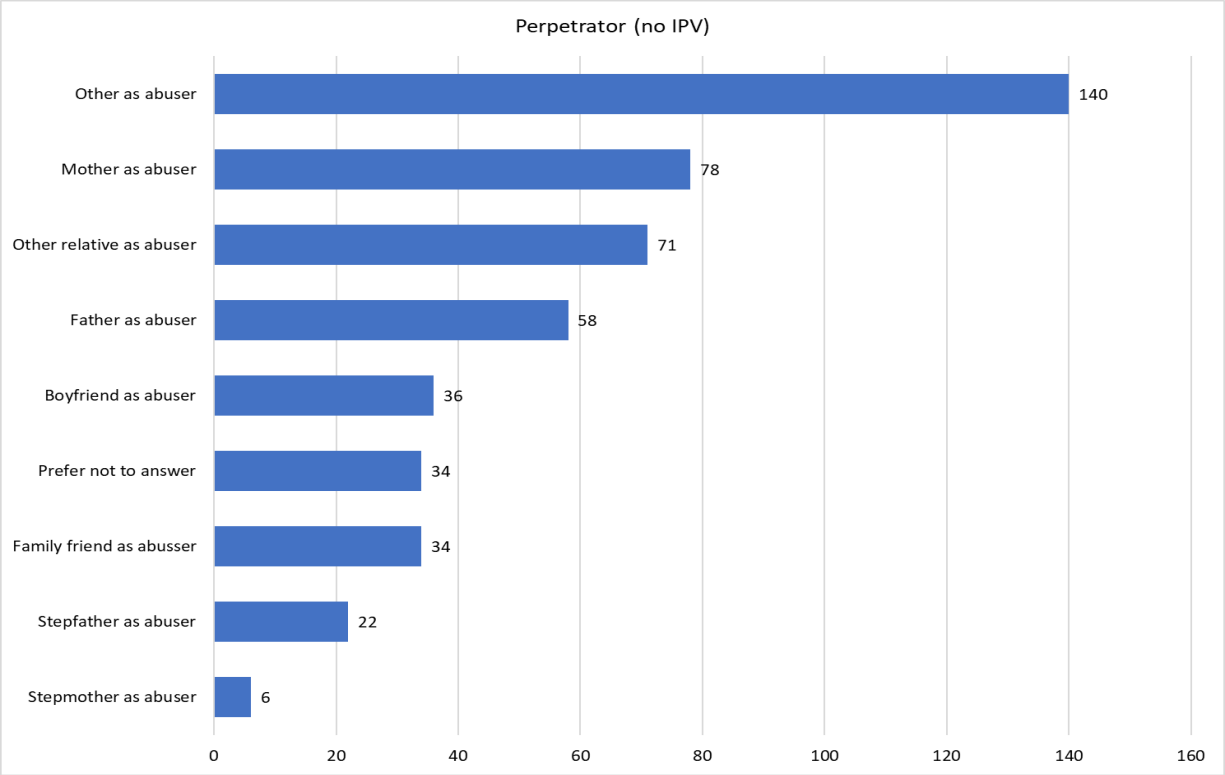


Figure 11: Perpetrator no IPV

Figure 11 (Perpetrator no IPV) is a display of the most mentioned perpetrators by the 479 victims of domestic violence. The option 'Other' as abuser was most marked by the respondents (140, 29.23%), followed by the 'mother' (78, 16.28%), who was mentioned by the respondents as the person that they considered having inflicted more violence at them before reaching adulthood, followed by 'other relative.' An explanation of this result may be because the mother is more involved in the upbringing of the child(ren). Some literature referring to upbringing in the Caribbean mentioned that hitting or punishing children physically is considered normal and even necessary (Ministerie van Binnenlandse Zaken en Koninkrijksrelaties & University of The Netherlands Antilles, 2010). This outcome was followed by 'other relative' (71, 14.82%), which was followed by 'the father' (58, 12.11%). And of course, other expected perpetrators as 'boyfriend,' 'family friend,' 'stepmother,' and 'stepfather' are mentioned. Thirty-four (7.10%) respondents wrote that they prefer 'not to answer.' This can be for different reasons like not wanted to mention the perpetrator because of shame, or fear, or to prevent more abuse, even when the respondents know that this survey is anonymous. Literature also remarks that this answer indicates that someone close to the respondent has been the perpetrator. The respondent may have emotional difficulty revealing who that person was.

The category 'Other' was used by 140 (38.15%) out of 367 (N=367) respondents to report another perpetrator than those offered in the questionnaire. Although some of the mentioned perpetrators belong to the category of 'other relative' or 'family friend,' these respondents chose to mention them for one reason or the other, specifically.

Respondents	Percentage	Perpetrator
58	15.8%	classmates
8	2.2%	neighbor
7	1.9%	a stranger
1	0.73%	a stranger in The Netherlands
2	0.5%	my siblings
4	4%	a friend
6	6%	ex-husband/ex-partner
5	5%	a cousin
2	0.5%	a stepbrother
2	0.5%	a nanny
2	0.5%	my grand mom
2	0.5%	my aunt
1	0.3%	my grand mom's husband
1	1%	my mom's partner
1	0.3%	my aunt's husband
1	0.3%	my grandfather
1	0.3%	my mother-in-law
1	0.3%	my dad's employee
1	0.3%	my patron
1	0.3%	my sister
1	0.3%	my stepsister
1	0.3%	an acquaintance
1	0.3%	a person at home
1	0.3%	a colleague
1	0.3%	father of my child
1	0.3%	father of my older children
1	0.3%	family of my mother
1	0.3%	foreign doctor

Results on Perpetrator with IPV

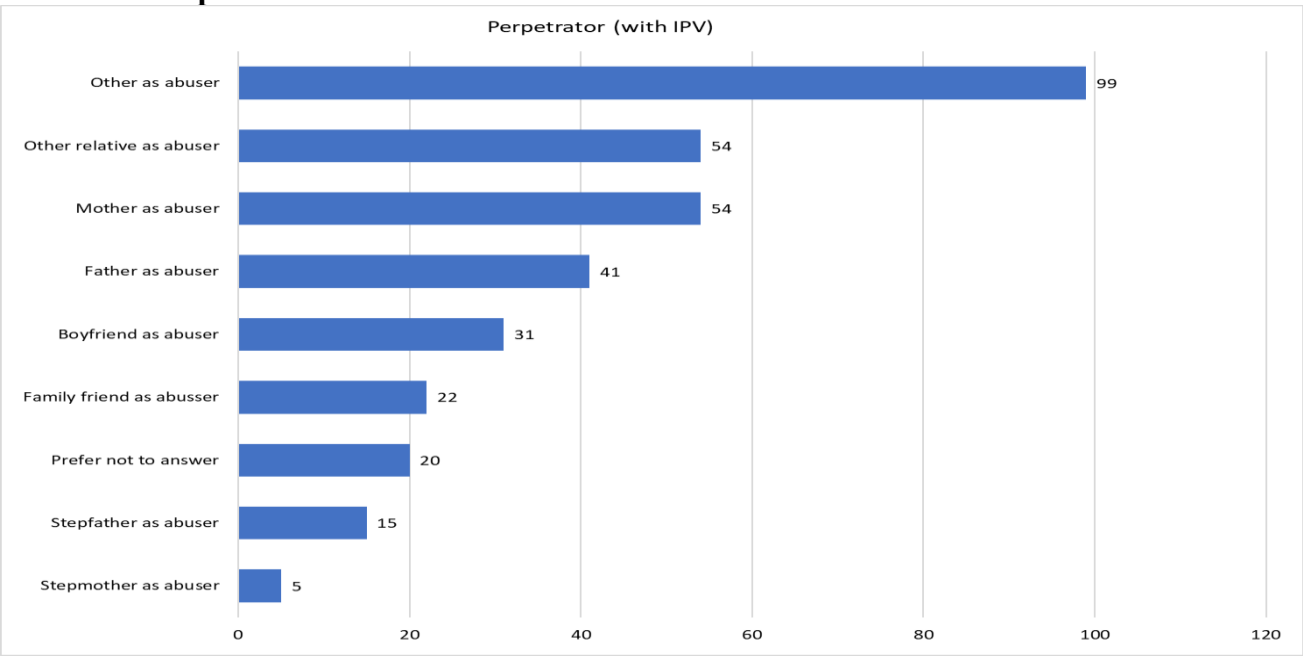


Figure 12: Perpetrator with IPV

Figure 12 displays the results on perpetrator, but this time with IPV. Although the numbers are different from the respondents who have not experienced IPV, there is no difference in the message these results represent. Mother and other relative remains the most common perpetrator. This outcome coincides with outcomes mentioned in other studies and, also in literature on this topic (Barnett, Miller-Perrin, & Perrin, 2005; Kurst-Swanger & Petcosky, 2003).

Frequency of Victimization

The frequency of domestic violence before adulthood was measured by asking the respondents to answer the following question: In case you answered some statements (1 through 18) on the question measuring domestic violence before adulthood with "Yes", can you indicate how often this happened at that time? (If you replied "Yes" to multiple statements, you can add all up.)

The answer categories were: 'It happened once,' 'It happened a few times,' 'more than once a year, but not every month,' 'at least every month, but not every day,' 'almost every day,' 'varying,' and 'Other, namely.'

4.4.7 Results of Frequency

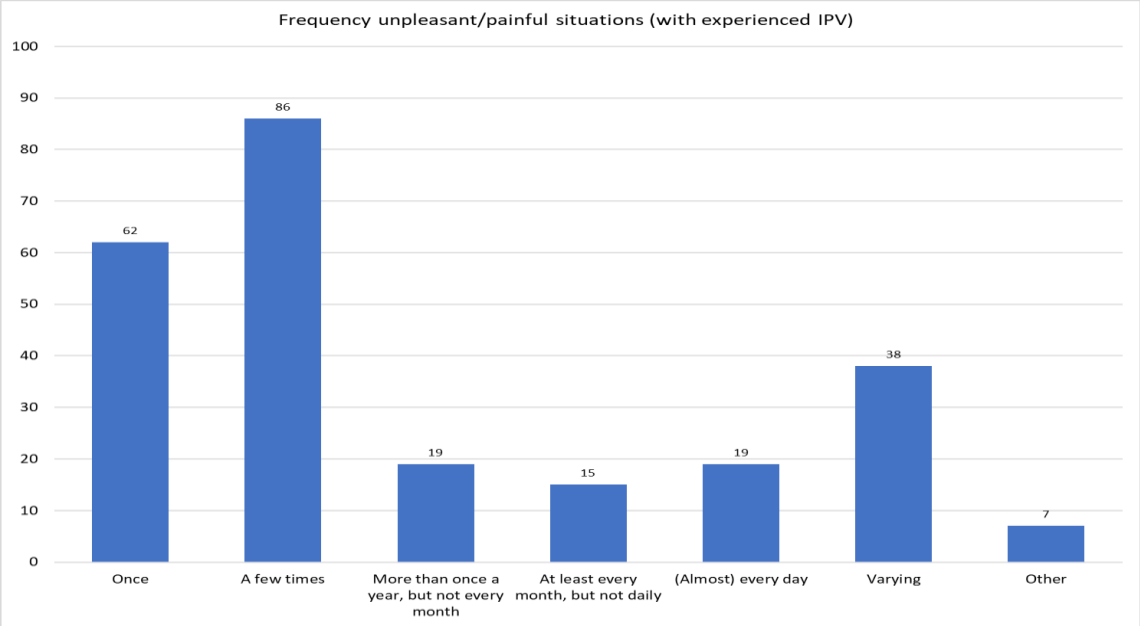


Figure 13: Frequency Unpleasant/Painful Situations (with IPV)

Figure 13 reveals the frequency (246) of victimization: The frequency 'A few times' was the most marked by the respondents (86, 34.96%), followed by frequency 'Once', reported by 62 (25.20%) respondents, followed by frequency 'Varying', reported by (15.45%) respondents, followed by frequencies 'More than one year, but not every month' and '(Almost) every day' both reported by 19 (7.72%) respondents, followed by frequency 'At least every month, but not daily' reported by 15 (6.10%) respondents. The option 'Other' was used by seven (2.85%) respondents.

4.4.8 Discussion

The first observation worthy to mention is that 404 respondents, which is more than half of the total participants, marked at least one of the boxes representing a question about abuse in their childhood, meaning that the prevalence is that 1 out of 2 respondents had experienced at least one form of abuse before the age of 18. Comparing the results of the three forms of abuse, emotional abuse has the highest prevalence being this 37.87%, followed by physical abuse (35.15%) and sexual abuse (20.30%). It was hypothesized that the lifetime victimization rate would be around 50%. The abovementioned prevalence confirmed these expectations.

Also noticeable is that 'rape,' considered as the worst form of (sexual) abuse, was reported more frequently than other severe physical types of abuse. As shown in figure 1, rape was experienced by 55 (13.61%) of women who had experienced abuse before the age of 18, while 'locked up somewhere, burned with hot object, forced to watch at sexual acts and stabbed with a sharp object' were experienced by 27 (6.68%), 25 (6.19%), 24 (5.94%) and 16 (3.96%) women respectively. It is also noteworthy how many participants reported one or more forms of domestic violence before reaching adulthood, suggesting (because this has not been studied till now), that child abuse is or is becoming a big social problem in Aruba. The fact that so many respondents disclosed having been raped at a young age is an alarming data, because it is not easy for (young) women to talk about rape because of feeling ashamed, or fear being blamed, not believed or otherwise mistreated Although this is consistent with studies conducted in the Caribbean, where young women have revealed in studies that the first sexual experience was forced, meaning unwanted, it also reveals that there must be quite a high number of (young) men that still considers girls and women in general to be an object and not a subject with their own rights to make decisions and with the right to be respected. Their thinking and behavior are proof of patriarchal thinking, maintaining in that way gender-based inequality. Coerced sex and rape may result in sexual gratification on the part of the perpetrator, though its underlying cause is frequently the expression of power and dominance over the person assaulted (UNICEF, 2006).

Rape causes other negative consequences: A national study of violence against women found that women who were raped before the age of 18 years were twice as likely to be raped as adults (Tjaden & Thoennes, Full Report of the Prevalence, Incidence, and Consequences of Violence against Women - Findings from the National Violence against Women Survey, 2000). Forced sex and rape can lead to unwanted pregnancy. Marriage is often used to legitimize a range of forms of sexual violence against women. In many countries, women who have been raped are forced to bear the child or else put their lives at risk with back-street abortions. Experience of coerced sex and rape at an early age reduces a woman's ability to see her sexuality as something over which she has control (UNICEF, 2006).

It is important to remark that Aruba till the day of today does not have a special legal regulation on Youth Health Care (Wet op de Jeugd Zorg) and not a Young Offender Institution. Most important of all is that a separate study on child abuse is highly needed.

4.5 Demographic's Data Analysis and IPV

4.5.1 General Information

This paragraph presents the outcome of the questions in the first section of the questionnaire, namely on demographic topics, followed by the outcome of cross tabbed using Pearson's Chi-square, executed to search for eventually associations or correlations with types of Intimate Partner Violence (IPV).

Violence against women begins in childhood. Because violence against children and violence against women are linked in numerous ways, exposure to violence as a child, has been considered by researchers as a risk factor for involvement in intimate partner violence as an adult (Hamby, Finkelhor, Turner, & Ormrod, 2011). Violence against children and violence against women often co-occur. Children in families in which IPV occurs are at greater risk of also experiencing maltreatment (Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005).

What causes people to abuse and hurt other persons? Dutton is one of the first scientific researchers who alone or with other researchers (Dutton, Starzomsky, & Ryan, 1996; Dutton, 1998; Dutton, Golant, & Pijnaker, 2000) studied this phenomenon of intra-familiar violence and wrote about it. Since IPV is a part of intra-familiar violence, it is more than logical that a person will experience more grief when being hurt by a beloved person than by a stranger. In our region, The Caribbean and Latin America, little has been written and published on Domestic Violence (DV) or Intimate Partner Violence (IPV). No literature from the Caribbean and Latin America was found on risk factors. Literature found focusing on risk factors are from the United States of America (Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005; Tjaden & Thoennes, 2000 July); a thesis from Belgium dedicated to this topic (Asbroeck, 2005) and some WHO and UNICEF fact sheets.

For developing Section I of the questionnaire, the Conflict Tactics Scales (Straus, 1979) were used in the first place, and the handbooks: (Ellsberg & Heise, 2005; Thompson, Basile, Hertz, & Sitterle, 2006; Goderie & ter Woerds, 2005; Tjaden & Thoennes, 2000; World Health Organization, 2006) and especially the Report of the Expert Group Meeting: Indicators to Measure Violence against Women (United Nations, 2007), which also served as models. For more information we refer to Chapter 3 'Methodology' of this thesis, which holds a total description of the development of the questionnaire and the collecting of the data.

4.5.2 Definition of Risk factors

What are risk factors? Risk factors are characteristics associated with an increased likelihood that a problem behavior will occur. It is important to note that the presence of a risk factor does not mean that the behavior will necessarily occur, only that the odds of it occurring are greater (Tjaden & Thoennes, 2000). Various studies have examined risk factors associated with intimate partner violence. Results from these studies reveal, among other things, that youthful partners (ages 16 to 24) are the most violent (Greenfeld et al., 1998); unmarried, cohabiting couples have higher rates

of intimate partner violence than do married couples; women with lower income have higher rates of IPV than more educated women; and couples with income, educational, or occupational status disparities have higher rates of IPV than do couples with no status disparity (Tjaden & Thoennes, 2000 July; Capaldi, Knoble, Shortt, & Kim, 2012).

4.5.3 General Risk factors for Violence

In her master-thesis titled: "Partner Violence: The Risk Factors" ("Partner geweld: de risicofacoren") (Asbroeck, 2005), Sharon van Asbroeck mentioned the following general risk factors for violence:

Biological risk factors: These can be divided in:

a: neurological: When people are in a threatening situation, their body may release some chemical substances like hormones and neurotransmitters. Depending on how each person experiences the threatening situation, these chemical processes will be started and may cause an aggressive reaction.

b: genetical: Research on family, twins and adoption has demonstrated that anti-social and delinquent behavior are hereditary. Besides the genetical predisposition, the environment also plays a role. The relation between brain and behavior always has to be placed in a social environment. Aggression genes do not exist (Raine, 2013).

c: a disturbed brain function and hormonal deviation. Disorders connected to severe behavior deviation are the frontal lobe syndrome and hypo-glycemia. Epilepsy has also been mentioned in this context but has also been disputed. Conclusion: Aggressive behavior is never a monocausal consequence of the turbulent electrical discharges in the brain, but aggression also depends on other psychological and social factors.

Sociological risk factors: These can be divided in:

a: social learning theory: This theory teaches that the urge for aggression can be learned. This theory was introduced by Bandura and has been generally accepted that witnessing intra-familiar violence between the parents is of great influence on a child (Bandura, 1977).

b: frustration-aggression theory: This theory takes up a point of view that aggression is always a consequence of frustration.

c: psychological: In the beginning of the twentieth century there was a shift from theories about learned behavior to theories about congenital behavior. In these theories the belief was that men are more aggressive than women and that this aggression was due to the Y-chromosome. This has also been subject of dispute. In 1920 Freud formulated a temper theory consisting of a struggle between life (constructive temper) and death (destructive) temper.

Mental Disorders

When using the term 'mental disorders' it normally refers to some psychiatric disease like psychopathy, schizophrenia, manic depressive psychosis and even alcoholism and drug addiction. ADHD can also be related with aggression. The author of this study stated that the use of alcohol

and drugs increases the possibility of the use of violence, but a real causal relation does not exist. Alcohol and drugs decrease the restraining factors, thus increasing the use of violence. Cocaine and marijuana are the most used drugs, and cocaine and amphetamines are more used in violent cases.

Asbroeck (2005), concluded that none of the abovementioned theories on biological factors give a waterproof explanation of the causes of violence because there will always be exceptions. This conclusion is consistent with Raine's (2013) conclusion stating that not only the biological factor is determent in these cases, but also the psychological and social factors are very important. Even the social learning theory which in many cases has (hold) good, also has its exceptions. Example: it has been proven that not every child that has seen and experienced violence between his/her parents grows up to be violent or aggressive when adult or in an intimate relationship. The frustration-aggressive theory only holds when the person has thought to react on frustration with aggression. The discussion about mental disorders and about the causal effect of alcohol and drug abuse on violence, is still going on. In other words, it is impossible to discuss the risk factors on aggression and violence separately. They need to be studied in interaction with other risk factors. Aggression is a complex set of behaviors with an etiology that is no doubt due to a multiplicity of factors (Bergemann C; Serocsynsky, A, 1998). This conclusion has led to studies based on the development of children and on influences of the socio-economical and educational environment.

One of the most known theories regarding child development is the 'Social learning theory' (Bandura, 1977) as its greatest pioneer. He emphasized that humans learn behavior through patterns of observation, imitation, and reinforcement as a primary development mechanism. Bandura described development as a reciprocal determinism, meaning that children are influenced by the environment and vice versa. Other researchers like Lunneman and Pels (Lunnemann & Pels, Van generatie op generatie - een literatuurstudie naar het doorbreken van geweld en de rol van opvoeding, 2013) support this theory. This theory has been further discussed in this thesis in a separate chapter about measuring transgenerational violence. In this chapter two models dedicated to the study of risk factors based on child development considering the surrounding influences are being mentioned. These two studies are: a: the Social-Ecological Model, developed by Murray Bookchin and b: the Bio-Ecological Model, developed by Urie Bronfenbrenner. The Social-Ecological Model developed by Murray Bookchin will be explained.

4.5.4 The Social-Ecological Model

First, it needs to be mentioned that science has witnessed in the last twenty-five years an ontological shift in understanding human-nature relationships. One of the strongest shifts has been the interest toward the so-called 'social-ecological systems' (SES) representing a re-integration of thinking about analyzing and studying humans as an integral part of the biophysical world. The most widely used model for understanding violence is the (social) ecological model, which proposes that violence is a result of factors operating at four levels: individual, relationship, community and societal. The Social-Ecological Model focus on the interactive interactions and

feedback between the social and ecology. In other words, it focuses on interdisciplinarity as a scientific approach, moving to a more holistic type of questioning and problem-solving (Schoon & van der Leeuw, 2015). For this reason, the choice was made to mention these two ecological models in this thesis and to present them as models for possible solutions to prevent IPV and DV violence.

Murray Bookchin (year) refers to a coherent system of biophysical and social factors like (socio, economic and cultural), which regularly interact in a resilient, sustained manner.
The Social-Ecological Model has been promoted by the Centers for Disease Control and Prevention (CDC) as a framework for the prevention of violence and will be also used in the Recommendations to prevent violence (CDC: Centers for Disease Control and Prevention, 2020). Their starting point coincides with Raine's (year) conclusion on aggression and violence, which states that not only the biological factor is determent in these cases, but that also the psychological and social factors are particularly important. The CDC used a four-level social-ecological model for a better understanding of violence. This model considers the complex interplay between individual, relationships, community and social factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The rings in the model, which overlap each other, illustrate how factors at one level influence factors at another level.

Individual level
The first level is the individual level identifying biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse.

Risk factors for men to commit violence against his partner include: young age; low level of education; witnessing or experiencing violence as a child; harmful use of alcohol and drugs; personality disorders; acceptance of violence (e.g., feeling it is acceptable for a man to beat his partner); and past history of abusing partners.

Risk factors consistently associated with a woman's increased likelihood of becoming a victim of violence include: low level education; exposure to violence between parents; sexual abuse during childhood; acceptance of violence and exposure to other forms of prior abuse.

Relationship level

The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social peers, partners, and family members influence their behavior and contribute to their experience.

Risk factors: factors associated with the risk of both victimization of women and perpetration by men include: conflict or dissatisfaction in the relationship; male dominance in the family; economic stress; man having multiple partners and disparity in educational attainment, i.e., where a woman has a higher level of education than her male partner.

Community level

The third setting explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.

Societal level

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic social inequalities between groups in society.

Community and societal risk factors include: gender inequitable social norms ,especially those that link notions of manhood to dominance and aggression; poverty; low social and economic status of women; weak legal sanctions against IPV within marriage; lack of women's civil rights, including restrictive or inequitable divorce and marriage laws; weak community sanctions against IPV; broad social acceptance of violence as a way to resolve conflict, and armed conflict and high level of general violence in society (WHO and PAHO, 2012).

4.5.5 Procedures and Results

Section I of the questionnaire contained 11 questions about personal and demographic information. The outcome (results) of these 11 questions is mentioned in this paragraph. From these 11 questions, only seven questions were used to be tested by applying CHAID (Pearson's chi-square) to identify the relationship between the risk factors and victim prevalence's (representing the group of respondents who answered the questions on IPV). These seven questions were selected being those which have been most studied as risk factors for IPV.

Besides the questions about personal information mentioned in the first section of the questionnaire (demographics), the outcome of the question about living situations and the outcome of the question about the number of children under the age of 18 who form part of the respondent's household were submitted to research using Pearson's Chi-square looking for an eventual

association or correlation with forms of IPV. The same method was used comparing the outcome of the personal income of the respondent and the income of her husband or partner, looking for an eventual association or correlation with forms of IPV.

Education:
To measure if there is an association between the level of education and IPV, the respondents were asked to mark their highest level of completed education. Ten answer categories were offered ranging from primary school to university. To make measuring of these 10 categories possible, these 10 options were grouped in three educational levels: a. Low Educational level containing Primary School and Special education, EPB/LBO junior vocational education and Domestic Science School; b: Middle Educational level containing MAVO (Intermediate Secondary, HAVO/VWO (first 3 years=higher secondary) and EPI/MBO (Intermediate Professional Education) and c: High Educational level containing HAVO (completed), VWO (Pre-University), HBO (Higher professional education and University).

From the 758 respondents, 739 (97.49%) respondents answered this question as follows:
Low educational level: 365 (49.39%)
Middle educational level: 230 (31.12%) and
High educational level 144 (19.49%). These numbers show that most of the respondents had a low educational level as highest completed education.
Searching for risk factors using Pearson's Chi square yielded the following results:

TABLE 26: Educational Level and IPV Categories Relation

Abuse:		Controlling	Physical	Psychological	Sexual	N=758
Education level	Low educational level	86.80%	28.80%	60.30%	15.10%	49.39%
	Middle educational level	80.90%	30.50%	63.80%	13.50%	31.12%
	High educational level	68.10%	24.60%	63.80%	13.00%	19.49%

Literature indicates that women with lower educational level in general experience more abuse. In this case, the respondents with the lowest education experienced more controlling and sexual abuse compared to the women with higher education. In addition, it can be seen in the table that the highest percentage of respondents indicated that they belong to the lowest educational group. It also shows that between all three educational levels and control abuse, there is a significant association, and the percentages are also higher compared to the other three forms of abuse. The low educational group is the one with the highest percentage (86.80%), followed by the middle educational group, which is 80.90%, these two groups being the most vulnerable groups of women to be victims of control abuse. The high educational group scored lower (68.10%). This is

consistent with the literature on this topic. Notable is also the high scores regarding psychological abuse. The scores for physical and sexual abuse are lower. Chi square = $\chi 2 = 12.390$; $p = 0.02$.

Passport:
The respondents were asked to mention the passport of the country they use.
Passport: Five hundred seventy-nine (76.39%) out of 758 respondents reported having a Dutch passport.

Country of birth:
The respondents were also asked to mention their country of birth. From a total of 758 respondents, 469 (61.87%) respondents were born in Aruba, 28 (3.69%) were born in the Netherlands; four in one of the BES islands (Saba, St. Maarten and St. Eustatius) and 255 (33.64%), were born in other countries of which the largest foreign groups are from Colombia, Venezuela, and the Dominican Republic.
District of living:
Six answer categories representing the six most populated districts spread over the island were offered to the respondents to mention the district where they lived. From a total of 758, the results were as follows:

1. Oranjestad and neighborhood:	126	4. Noord and neighborhood:	180
2. San Nicolas and neighborhood:	142	5. Savaneta and neighborhood:	88
3. Santa Cruz and neighborhood:	135	6. Paradera and neighborhood:	87

All the districts were well represented, and it can be stated that the distribution of the population of Aruba was represented corresponding with the distribution mentioned in the CBS Statistical Yearbook of 2015 (see Descriptive Statistics). In the chapter discussing the Prevalence of IPV on Aruba, a graph showed the age distribution of the women population of Aruba, compared with another graph showing the age of the respondents.

Marital status/civil condition:
The respondents were also asked to mention their marital status. Therefore, seven answer categories of civil conditions were offered to facilitate the operation. A total of 755 respondents answered as follows:

a. Single, never married: 192 (25.43%) respondents marked this option.
b: Two hundred and eighty-nine (38.28%) respondents answered that they were married.
c: One hundred and seventy-five respondents (23.18%) marked ‘living together’ as their civil condition.
d: Eleven (1.46%) respondents reported ‘Married but not living together’.
e: Fifteen (1.99%) respondents answered that they had a ‘LAT relation’.
f: Sixty (7.95%) respondents answered that they were divorced, and

g: Thirteen (1.72%) respondents answered that they were a widow.
Searching for risk factors using Pearson's Chi square yielded the following results:

TABLE 27: Marital Status/Civil Condition and IPV Categories Relation

Civil Condition	Controlling	Psychological	Physical	Sexual
Single, never married	(159) 82.81%	(58) 30.21%	(114) 59.38%	(31) 16.15% *
Married	(227) 78.60%	(62) 21.45%	(169) 58.48%	(34) 11.76% *
Living together	(144) 82.29%	(56) 32.10%	(112 64.00%	(20) 11.43% *
Married but not living together	(8) 72.72%	(4) 36.36%	(8) 72.72%	(0) 0% *
LAT relation	(15) 100.0%	(8) 53.33%	(10) 66.67%	(5) 33.33% *
Divorced	(57) 95.00%	(22) 36.67%	(39) 65.00%	(17) 28.33% *
Widow	(13) 100.0%	(4) 30.77%	(9) 69.23%	(4) 30.77% *

This table shows that the percentages of all the civil conditions mentioned are the highest for the Controlling form of IPV and the lowest for the IPV category of Sexual Abuse. There is a significant association between the sexual form of IPV and all the civil conditions mentioned. Chi-square is $\chi 2 = 13.123$; $p = 0.041$.

It is remarkable that the groups of women that are alone, such as the widow group, the group of women having a LAT-relation (Living apart together), and the divorced group, score rather high in sexual abuse. A satisfying explanation for this was not found, but this is consistent with literature on this topic. Maybe the fact that most of them live alone makes them more vulnerable.

Religion:
The respondents were also asked to indicate their religion. Eight answer categories were offered, but also an 'Other' possibility and 'None'. The results are as follows:
Out of seven hundred fifty-eight correspondents, 596 (78.63%) respondents marked one of the options or mentioned another religion. From this amount 516 (86.58%) respondents reported to be Roman Catholic, and which was expected; fourteen (2.57%) reported to be protestants; twenty-five (4.19%) reported to be Jehovah's witness; two (0.34%) reported to be Jewish; Anglicans/Evangelical: (25, 4.19%); Pentecostal: (9, 1.51%); Methodist: (2, 0.34%); Christian denominations: Adventist, Church of Christ, Community of Christ, Sabbath keeper, E.B.G: Evangelische Broeder Gemeente: a total of eight respondents and one of the Mormon religion. One hundred (16.78%) respondents did not answer this question and 62 respondents marked N/A (not applicable).

Work:
The respondents were also asked to report if they worked and by marking one of the four options offered revealed how many hours. Logically, one option was offered to mark 'No' if this was the situation. The results were as follows:

TABLE 28: Amount of Work Hours

Do you work?	Frequency	Percentage %
>= 40 hours or more	444	58.81
32-40 (Full time)	61	8.08
25-31 hours (Part time)	34	4.50
< 25 hours (Part time)	34	4.50
No	182	24.11
Total	755	100.0
Missing	3	
Total	758	

This table shows that out of 758 participants, 755 (99.60%) respondents answered these questions, of which 573 (75.89%) answered positively and 182 (24.11%), answered that they were not working. Striking is the number of respondents who marked that they work 40 hours or more, which is 58.81%. In a study executed by UNICEF (2013), the fact that the wife or single mother, because of the large number of hours working and not being at home, was considered as a risk factor for IPV between partners and also for domestic violence against the children caused by fatigue and stress.

Needing resident/working permit:

The respondents were also asked to answer a question marking which following situations related to their situation. Five answer categories were offered: I don't need a residence/work permit (Aruban; ex officio; permanent permit); I depend on my husband/partner for a residence permit; I depend on a company for a resident/ work permit; I depend on a family for a residence/work permit and the option 'Other" was also offered in case of another situation that was not mentioned. The results were as follows:

Out of a total of 758 respondents, 727 (95.91%) answered as follows: a: don't need a residence/work permit 600, (82.53%); b: depend on husband for a residence permit: (45, 6.19%); c: depend on a company for a residence/work permit: (30, 4.13%) d: depend on a family for a residence/work permit: (19, 2.61%); e: other: (33, 4.54%). Thirty-one (4.26%) respondents did not answer this question.

Personal Income:

TABLE 29: Personal Income

	CONTROLLING	PSYCHOLOGICAL	PHYSICAL	SEXUAL
No income	(108) 83.08%	(36) 27.69% ł	(73) 56.15%	(19) 14.62%
< 1600	(112) 89.60%	(54) 43.20% ł	(93) 74.40%	(27) 21.60%
Between 1601 - 2000 monthly	(134) 81.71%	(39) 23.78% ł	(98) 59.76%	(17) 10.37%
Between 2001 - 3000 monthly	(125) 84.46%	(37) 25.00% ł	(88) 59.46%	(17) 11.49%
Between 3001 - 4000 monthly	(56) 78.87%	(13) 18.31% ł	(41) 57.75%	(13) 18.39%
> 4001 monthly	(78) 69.64%	(30) 26.79% ł	(64) 57.14%	(14) 12.50%

This table gives us in the first place, an overview of the personal income of the participants. Noticeable is that in all the income levels 'Controlling' was marked the most, followed by the 'Physical' form of IPV, where those whose income is lower than minimum wage scored higher (74.40%) and also for the 'Sexual' form of IPV (21.60%). All types of abuse are more present at lower incomes than at higher incomes. There is an association between personal income and physical abuse, being percentages lower for physical abuse for all the income levels. This association is significant. Chi-square is: $\chi 2=11.721$; $p=0.039$.

The respondents were also asked to report their husband's/partner's income. Six answer categories were offered and one option 'I don't know.' These answer categories were exactly as those the respondents had to mark as their personal income.
Comparing the personal income of the respondents with the income of their husband or partner, self-reported by the respondents, in search of an eventual risk factor for causing IPV, by using Pearson's Chi-square yielded the following information:

TABLE 30: Comparing Income Partner and Personal Income and IPV

	Controlling	Light physical	Financial control	Psycho-logical	Physical	Sexual	Bruises
No difference between income	(30) 16.04%	(27) 14.4%	(14) 7.49%	(67) 35.83%	(22) 11.76%	(15) 8.02%	(27) 14.44%
Income husband higher	(47) 21.08%	(35) 15.70%	(31) 13.90%	(89) 39.91%	(30) 13.45%	(17) 7.62%	(32) 14.35%
Personal income higher	(18) 16.07%	(21) 18.75%	(14) 12.50%	(34) 30.36%	(16) 14.29%	(8) 7.14%	(14) 12.50%
Don't know income partner	(12) 20.69%	(12) 20.69%	(14) 24.14%	(21) 36.21%	(9) 15.52%	(8) 13.79%	(11) 18.97%

There is an association between "no difference between incomes" and financial control and women who don't know the income of their partners. There are no other significant associations between the other variables.

Living conditions:
To measure if the living condition of the respondents had any effect of IPV behavior against them, the respondents were asked to describe their living conditions. Six answer categories were offered and 'Other' as an extra option. The results were as follows:

TABLE 31: Living Conditions of the Respondents

Living conditions	Frequency	%
Live with husband + child	393	56.63
Live with husband at his parents	13	1.87
Live with husband at my parents	8	1.15
Live with husband +child at his parents	24	3.46
Live with husband +child at my parents	33	4.76
Live with parents and my children	74	10.66
Live alone with my children	84	12.10
Live alone	44	6.34
Other living situations	21	3.03

This table shows that most of the respondents, namely 393 (56.63%) live with their husband and one or more child(ren), followed by 84 (12.10%) respondents, who live alone with their children. To search for an association between the living condition and a form of IPV, Pearson Chi-square was applied, which yielded the followings results:

TABLE 32: Living Condition and IPV

	Controlling	Light Physical	Financial Control	Psycho-logical	Physical	Sexual	Bruises
Live with husb. + child	(60) 15.27%[+]	(50) 12.72%[÷]	(37) 9.41%[#]	(125) 31.81%	(42) 10.69%[†]	(23) 5.85%[‡]	(42) 10.69
Live alone	(6) 13.64%	(4) 9.09%	(6) 13.64%	(11) 25.00%	(5) 11.36%	(3) 6.81%	(9) 20.45%
Live w. husb. at his parents	(5) 38.46%	(5) 38.46%[*]	(3) 23.08%	(9) 69.23%	(5) 38.46%	(3) 23.08%	(4) 30.77%
Live w. husb. at my parents	(1) 12.50%	(1) 12.50%	(1) 12.50%	(3) 37.50%	(1) 12.5%	(1) 12.50%	(2) 25.00%
Live w. husb. + child at his parents	(5) 20.83%	(4) 16.67%	(1) 4.17%	(11) 45.83%	(4) 16.67%	(2) 8.33%	(4) 16.67%
Live w. husb. + child at my parents	(5) 15.15%	(8) 24.24%	(2) 6.06%	(11) 33.33%	(4) 12.12%	(2) 6.06%	(4) 12.12%
Live w. parents & my children	(25) 33.78%[1]	(19) 25.68%[2]	(20) 27.03%[3]	(38) 51.35%[4]	(13) 17.57%	(9) 12.16%	(15) 20.27%
Live alone w. my children	(16) 19.05%	(13) 15.48%	(21) 25.00%[1]	(23) 27.38%	(15) 17.86%	(16) 19.05%	(13) 15.48%
Other living condition	(3) 30.0%	(20) 20.00%	(1) 10.00%	(5) 50.00%	(3) 30.00%	(2) 20.00%	(2) 20.00%

This table displays the following results with df=1 for all items:

There is a significant association between living with husband and children with controlling abuse. Chi-square is 4.086 with $p < 0.05$.

There is a significant association between living with husband and child(ren) with light physical violence. Chi-square is 4.555 and $p < 0.05$.

There is a significant association between living with husband and child(ren) and financial control. Chi-square is 11.361 and $p<0.05$. This association has the strongest association compared to the other associations of this group.

There is a significant association between living with husband and child(ren) with physical violence. Chi-square is 5.166 and $p<0.05$.

There is a significant association between living with husband and child(ren) with sexual violence. Chi-square is 8.223 with $p<0.05$.

There is a significant association between living with husband and child(ren) with bruises. Chi-square is 6.680 and $p<0.05$.

There is a significant association between living with husband at his parents with light physical violence. Chi-square is 5.413 and $p<0.05$.

There is a significant association between living with parents and my children and light physical violence. Chi-square is 6.688 and $p<0.05$.

There is a significant association between living with parents and my children and financial control. Chi-square is 11606 and $p<0.05$.

There is a significant association between living with parents and my children and psychological abuse. Chi-square is 11606 with p<0.05.

TABLE 33: Children < 18 Years in Household

Number of children in household	Frequency	Percentage %
None	163	26.04
1-2	370	59.11
> 2	93	14.86
Total	626	100.0
Not applicable	126	
Missing	6	
Total	132	
	758	

A total of 626 (82.59%) participants answered this question. To make measuring IPV and DV in the households easier, the number of children in the households younger than18 years were arranged in three groups: a: none, b: 1-2 and c: more than two. This table shows that 163 (26.04%) respondents answered not having kids under the age of 18 in their household. Three hundred and seventy (59.11%) answered having one to two kids in their household and 93 (14.86%) answered having more than two kids in their household.

TABLE 34: Number of Children in Household

		Controlling	Physical	Psychological	Sexual
Number of children in household	None	84.50%	32.10%	58.30%	17.90%
	1-2 child	83.30%	29.10%	57.70%	11.50%
	>2	76.30%	28.80%	84.70%	18.60%
Single parent	No Children	80.20%	25.60%	59.90%	11.30%
	Yes Children	89.60%	38.50%	66.70%	25.00%
Emotional abuse <18 yrs.	No Children	81.40%	19.10%	52.50%	9.70%
	Yes Children	83.30%	39.20%	71.60%	19.60%
Physical abuse <18 yrs.	No Children	85.00%	18.60%	53.40%	8.90%
	Yes Children	78.80%	40.90%	71.50%	21.20%
Sexual abuse <18 yrs.	No Children	84.00%	24.70%	58.10%	12.00%
	Yes Children	76.90%	39.80%	71.30%	21.30%

This table shows us that:

Association between number of children per household and psychological violence is as follows: percentages are higher when compared to no psychological violence. The percentage of psychological violence increases with the number of children within the household. Chi-square is: $\chi 2$=15.289; p= 0.000.

Both percentages are higher for controlling abuse; however, for single parents this percentage is higher, almost 90% and is significant. Chi-square is: $\chi 2$= 4.500; p=0.034.

Both percentages are higher for psychological abuse; however, when being a single parent this is higher and there is a significant association. Chi-square is: $\chi 2$= 6.199; p=0.013.

Both percentages are lower for sexual abuse; however, a slightly higher percentage (25%) of single parents have experienced sexual abuse. This association is significant. Chi square is: $\chi 2=11.420$; p=0.01.
Both percentages are lower for physical abuse; however, double the percentage of no physical abuse is experienced by women who have experienced emotional abuse <18 years. This association is significant. Chi-square is: $\chi 2=21.839$; p=0.000.
Both percentages are high, but higher when emotional abuse has been experienced <18 years. This association is significant. Chi-square is: $\chi 2= 16.707$; p=0.000.
Both percentages are lower for sexual abuse; however, double the percentage of no sexual abuse is experienced by women who have experienced physical abuse < 18 years. This association is significant. Chi-square is: $\chi 2=8.675$; p=0.003.
Both percentages are lower for physical abuse when physical abuse has been experienced <18 years. This association is significant. Chi-square is: $\chi 2=26.513$; p=0.000.
Both percentages are higher but there is a higher physical abuse when this has been experienced <18 years. This association is significant. Chi-square is: $\chi 2= 14.907$; p=0.000.
Both percentages are lower for sexual abuse; however, more than double the percentage of no sexual abuse is experienced by women who have experienced physical abuse <18 years. This association is significant. Chi-square is: $\chi 2=13.441$; p=0.000.
Both percentages are lower for physical abuse; however, a slightly higher percentage experienced physical abuse when sexual abuse was experienced before 18 years of age. This association is significant. Chi-square is: $\chi 2=9.155$; P=0.002.
Higher percentages of psychological abuse are experienced, and an even higher percentage is experienced by women who have experienced sexual abuse <18 years. This association is significant. Chi-square is: $\chi 2=5.956$; p=0.015.
Both percentages are lower for sexual abuse; however, a slightly higher percentage (21.3%) of women who have experienced sexual abuse. This association is significant. Chi-square is: $\chi 2=5.681$; p=0.017.

4.5.7 Discussion

Age as risk factor: Various studies have examined risk factors associated with intimate partner violence (IPV). Results from these studies reveal, among other things, that youthful partners (ages 16 to 24) are the most violent (Greenfeld et al., 1998). Figure 1 shows that the age groups between 15 – 44 are those who most have experienced one or more forms of IPV, while IPV declines with age, especially after 40. This is consistent with scientific literature on this topic (Walby & Allen, 2004; Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005; Capaldi, Knoble, Shortt, & Kim, 2012). Table 2 shows an outcome regarding the IPV categories of abuse, where the abuse form 'controlling' scores as the most common form of IPV, followed by the 'psychological' abuse form. Both forms of abuse can be considered as related. This outcome is consistent with literature on this topic (Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005; Capaldi, Knoble, Shortt, & Kim, 2012). What was not expected is the high score in sexual abuse for the elder age group, ranging

from 45 to 60 years of age. This outcome contradicts with literature on this topic where it is stated that IPV rates are lower among women over 45 years, compared to younger women (Richardson, 2002; World Health Organization, 2006). Maybe the fact that elder women, such as widows, divorced women or women who never have been married, in our community, live alone or with a sister, makes them vulnerable to become a victim of aggressive sexual behavior or assault by men.

Work as risk factor:
In total, 573 (75.59%) out of 758 respondents reported working. That proves the great number of women participating in the labor force. This is consistent with local data on this topic (CBS, Fifth population and Housing Census, 2010). Striking is the number of respondents who marked that they work 40 hours or more, which is 58.81%. In a study executed by UNICEF (2013), the fact that the wife or mother, because of the high number of working hours a week, is not at home, and this was considered to be a risk factor for IPV between partners and also for domestic violence against the children, most probably caused by fatigue and stress (CBS, Profile of Aruba's Children, 2010; UNICEF, 2013).

Needing resident/working permit:
Newspapers in Aruba quite often publish incidents of cases where especially women who depend on their husband/partner or a company or a family for a residence and/or work-permit, are victims of IPV or psychological, physical or even sexual abuse. This was the reason that led to adding a question on the questionnaire to search for an association between a situation where the respondent depends on someone else for a permit to work or live on the island and forms of IPV. Using Pearson's Chi-square, no association with any form of IPV was found, but interesting are the quite high percentages reported, especially psychological and controlling forms of abuse.

Education as risk factor:
The outcome regarding the educational level of the respondents is consistent with local data obtained by institutions like CBS (the Central Bureau of Statistics of Aruba) and a study executed by the Department of Public Health, the Central Bureau of Statistics and the National Laboratory, 2007) and National Health Survey together with annual reports from the Department of Education. It is also consistent with studies executed in other countries (Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005; Tjaden & Thoennes, 2000 July; WHO, 2014).
Marital status/civil condition as risk factors: The outcome shown in Table 5 regarding association between marital status/civil condition and IPV coincides with findings of studies on this topic. Most studies found that cohabitating couples were more likely to engage in IPV than were married couples (Caetano, Field, Ramisetty-Mikler, & McGrath, 2005). It is noticeable that the three most vulnerable groups for being victims of IPV, namely the 'Living apart together,' the 'divorcee' and the 'widows' groups consist of women living alone. Probably the 'widows' group consists of women that have been confronted with sexual abuse in their lifetime. They represent a different generation where sexual abuse was more prevalent or accepted.

No or low income as risk factor: The outcome shown in Table 8 'Association between personal income and different types of IPV' is consistent with literature on this topic, where especially no income, poverty and/or low wage/minimum income are considered to be a risk factor for all four categories of IPV (Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005; Capaldi, Knoble, Shortt, & Kim, 2012) and WHO fact sheet: Violence against women – intimate partner and sexual violence against women.

Living conditions:
The living condition 'live with husband with child(ren),' which is considered to be a normal form of family life, resulted to be the living condition with more stress and abusive relations than the other living conditions, followed by 'live with parents and my children' in four categories of abuse, which are controlling, light physical, financial and psychological control. Single mothers who don't have their own house or own living possibility, because of lack of affordable housing, often choose to go to live with their parents. This situation can cause stressful situations and violent reactions between mother and children and grandparents. This is consistent with literature (CBS, Fifth population and Housing Census, 2010; Eelens F., 1991). Living with husband at his parents can cause physical abuse towards the wife, while living with husband at her parents shows not to be harmful against the wife. The living condition 'live alone with my children' reveals financial control, which is to be considered understandable, the mother being a single parent. Several annual reports of the Department of Social Affairs have pointed out that the most mentioned underlying reason that causes problems at home and domestic violence is tension and bad relationships between the mother and her child(ren), especially when living at parents' or other relatives' home. Mothers have stated that moving out is difficult due to the lack of affordable housing. This is consistent with other literature.

Children under 18 years in household:
Scientific literature has indicated that women with children under 18 years of age are more vulnerable to DV and IPV, probably because younger children in the household cause more stress and tension. Another factor is that many young women have a lower education and are financially dependent on their husband or partner (World Health Organization, 2006). For that same reason they are also less likely to leave the abusive relationship, and if they leave, the chance is big that they will return to the same situation (CBS, 2010; World Health Organization, 2006).

4.6 Negative Health Consequences of IPV

4.6.1 General Information
It is scientifically proven that IPV has a great impact on the victim's health, mentally (psychologically), physically, and sexually.
This paragraph exposes the results of the measurements of the negative consequences to the mental, physical, and sexual health of the victim, the perpetrators of the violence inflicted to them,

the painful consequences for their body like bruises, injuries, wounds, and broken bones, and the degree of affection to their physical and mental well-being. It was expected that the results of this study would also prove the above-mentioned theory, that violence causes negative effects to the health of the victims.

The World Health Organization in its 2010 report defines IPV as "behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors" (WHO, 2010). It is also defined as acts of commission or omission against an intimate partner using a complex pattern of physical, sexual, psychological, and/or economic behaviors devised and carried out to control and abuse a partner (McClennen, 2010). The term intimate partner includes current and former spouses and dating partners. IPV exists on a continuum from a single episode of violence to ongoing battering (Centers for Disease Control and Prevention, 2006).

Literature has showed that domestic/family/relational violence is the most frequent form of violence that happens in our society (Justitie, 2002; Barnett, Miller-Perrin & Perrin, 2005; Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012); no other kind of violence takes so many victims as domestic (family) violence as intimate partner violence does. Violence in the home is one social issue that cuts across all socioeconomic, racial, ethnic, gender, and age boundaries. Abuse and neglect can be found in all types of families and interpersonal relationships (Kurst-Swanger & Petcosky, 2003). Studies conducted in other countries, like the Netherlands, The Dominican Republic and Curacao, have proved that domestic (family) violence is a bigger social problem than expected and that it has many negative consequences (Romkens, 1989/1992; Caceres Urena & Estevez Then, 2004; van Wijk, 2012; WHO, 2014).
Violence against women is the most pervasive yet least recognized human rights violation in the world. It is also a profound health problem, sapping women's energy, compromising their physical health, and eroding their self-esteem. In addition to causing injury, violence increases women's long-term risk, of an amount of other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression. IPV was also found to be associated with poor health including poor functional health, somatic disorders, chronic disorders and chronic pain, gynecological problems and increased risk of sexually transmitted disease (Dillon, Hussain, Loxton, Rahman, & Hussan, 2013). Physical DV/IPV is also highly associated with mental health and suicidal attempts (Dufort, Stenbacka, & Gumpert, Physical domestic violence exposure is highly associated with suicidal attempts, both in women and men, 2015). IPV, including history of rape, sexual assault, contraceptive sabotage and coerced decision making, is also associated with termination of pregnancy (WHO, 2002; Shipway, 2004; Hall, Chappell, Parnell, & Seed, 2014). Some other negative consequences concerning health are fear, anxiety, anger, depression, and post-traumatic stress syndrome (Heise, Ellsberg, & Gottemoeller, 2002; Dillon, Hussain, Loxton, Rahman, & Hussan, 2013).

4.6.2 Negative Consequences of IPV

Mental Health Consequences

Various research studies and inquiries on this topic show that the links between women's experience of IPV and adverse mental and psychological effects demonstrate a strong association between the substantial serious psychological harm and abuse by male partners (WHO, 2002; Renckens, 2004-2005). Some negative consequences concerning mental health are e.g., fear, anxiety, anger, depression, and post-traumatic stress syndrome (Dillon, Loxton, Rahman, & Hussan, 2013). Post-traumatic stress (PTSD) is a normal reaction to abnormal events that involve actual or threatened death or serious injury. It involves re-experiencing traumatic events e.g., through nightmares, flashbacks and intrusive thoughts, emotional numbing, restlessness, irritability, hypervigilance, and sleeplessness (Barnish, 2004). Risk of suicide is particularly strong for domestic violence victims with PTSD symptoms. Domestic violence and IPV, verbal and emotional abuse together with physical maltreatment, make the victim think that she has no self-worth; that she doesn't know anything; that she is ugly, stupid, handicapped, all of which lowers her self-esteem or self-worth (Platt, Barton, & Freyd, A Betrayal Trauma Perspective on Domestic Violence, 2009). Other mental health difficulties found to be associated with experiencing domestic violence include cognitive difficulties (e.g., perception and memory problems), anxiety disorders, eating disorders, intense fear, somatization, phobias, panic attacks, and obsessive-compulsive behavior (Campbell, 2002; WHO, 2002).

Physical Negative Consequences

Victims of domestic violence are more likely to have received head, face, neck, thorax, breast and abdominal injuries (Campbell, 2002). Other direct and indirect health consequences associated with domestic violence include permanent disability, chronic pain syndromes (e.g., headaches and backaches), neurological symptoms such as seizures (which may be the consequence of head injury or partial strangulation), gastrointestinal problems and ocular damage (Barnish, 2004; WHO, 2002). In addition to injury, and possibly far more common, are ailments that often have no identifiable medical cause, or are difficult to diagnose. These are often referred to as 'functional disorders'or 'stress-related conditions' and include "irritable bowel syndrome/gastrointestinal symptoms, fibromyalgia, various chronic pain syndromes and exacerbation of asthma. Abused women are also twice as likely as non-abused women to report poor health and physical and mental health problems, even if the violence occurred years before" (WHO and PAHO, 2012).

Sexual Negative Consequences

Most known sexual negative consequences are sexually transmitted diseases, vaginal bleeding and infections, fibroids, decreased sexual desire, pain during intercourse, pelvic inflammatory disease and urinary tract infections (Shipway, 2004; Campbell, 2002; WHO, 2002). Unwanted or unintended pregnancy and HIV have also been found to be associated with domestic violence, suggesting that some pregnancies may be the result of rape (Campbell, 2002; WHO, 2002). Domestic violence during pregnancy doubles the risk for miscarriage and has also been associated with stillbirth, late entry into prenatal care, premature birth, fetal injury (including broken bones

and stab wounds) and fetal and maternal death (WHO, 2002; Fredes, 2014). Domestic violence is associated with other health problems affecting pregnancy such as sexually transmitted diseases, urinary-tract infections, depression and substance abuse problems (Campbell, 2002).

Violence during pregnancy

Violence during pregnancy has been associated with miscarriage, late entry into prenatal care, stillbirth, premature labor and birth, fetal injury, and low birthweight or small-for-gestational-age infants. IPV also accounts for a proportion of maternal mortality, although this association is often unrecognized by policy makers (WHO and PAHO, 2012).

Studies from a range of countries have found that 40-70% of female murder victims were killed by their husband or boyfriend, often in the context of an abusive relationship. In addition, evidence suggests that IPV increases the risk of a woman committing suicide and may also increase the risk of contracting HIV, and thus of AIDS-related deaths (WHO and PAHO, 2012).

4.6.3 Other Negative Consequences of IPV

It is not only the physical and psychological consequences for the victims that matters but also the consequences for the direct environment and the whole society (Heise, Elsberg, & Gottmoeller, 2002; Justitie, 2002; Shipway, 2004; Janssen, Wentzel, & Vissers, 2010).

These other negative consequences caused by intimate partner violence are:

That it has been scientifically proven that children raised in a family where they witness violence between their parents or other family members and where they sometimes also are targets of violence, probably will later, when they form their own family, be also aggressive and perpetrators, because they grew up confused about the meanings of love, violence, and intimacy. This is called the “vicious circle” of DV/IPV or also “intergenerational transmission” of violence (Kurst-Swanger & Petcosky, 2003; Asbroeck, 2005; Barnett, Miller-Perrin, & Perrin, 2005; Mak, Steketee, & Schuur, 2007; Janssen, Wentzel, & Vissers, 2010; Lourenco, et al., 2013; UNICEF, 2017).

DV/IPV, verbal and emotional abuse, together with physical maltreatment make the victim think that she/he has no self-worth; that she/he does not know anything; that she/he is ugly, stupid, handicapped, all of which lowers their self-esteem or self-worth. These victims often look for some consolation in alcohol, drugs, or prostitution, or they become depressive, which also may cause suicide (Platt, Barton, & Freyd, 2009).

Literature also teaches that victimized children and youngsters may exhibit symptoms such as excessive fear, anxiety, problems with verbalizing emotion, aggressive behavior, possessiveness, stomach aches, insomnia, insecurity, nightmares and bedwetting. Rape is known to cause insecurity, anxiety, fear, low self-esteem, depression and post-traumatic stress (Lourenco, et al., 2013; Thornton, 2014).

A direct negative consequence of the abovementioned examples is the fact that these consequences cause the government a lot of money. Every year health care costs increase due to injuries caused by DV/IPV (Shipway, 2004). Till now the Aruban government has not held an investigation to know the amount of these expenses due to physical and psychological abuse. Costs of sick leaves and non-productivity are also unknown. In Holland, for example, this amount is calculated to be 300 million guilders (=$150 million) spent on social welfare, police and judicial intervention, medical and psychosocial care (Korf, Mot, Meulenbeek, & Brandt, 1997). In the United States this amount has been calculated at $5.8 billion for healthcare and $1.8 billion for loss due to non-productivity (www.aidv-usa.com/statistics; (Renzetti, 2009; Van Parys & Leye, 2015).

A history of experiencing violence is seeing all the above-mentioned negative consequences as risk factors for many diseases and conditions (WHO and PAHO, 2012).

4.6.4 Used Method and Material

To measure the health status of the respondents, the Amsterdam Health Monitor (Geneeskundige- en Gezondheids Dienst Amsterdam, 2008) was used as model. The respondents were asked to rate their health. A five-point Likert scale was used, containing five answer categories: very bad, bad, poor, good, and very good. This was followed by a section consisting of seven questions about disease or disorders experienced in the past 12 months and an 'Other' option at the end.
The third set consisted of eight questions about contact with possible caretakers and intake of medicine. The last three questions were about alcohol use, the amount of alcohol use, and use of illegal drugs.

In chapter IX of the questionnaire, a section consisting of six questions covered the negative physical consequences of IPV, followed by a question about whose behavior had affected the victim's physical and mental well-being followed by a question about how much this had affected the victim. The two last questions were about if the victim had ever been afraid of her current husband/partner and how much this had affected her and an identical question but now if the victim had ever been afraid of an ex-partner and if "Yes," how much this had affected her.
For further information about methods and materials used for this chapter and the development of the questionnaire, see Chapter 3 Methodology.

4.6.5 Results

Measuring the negative consequences of IPV on the health of the victim
To measure the effect of IPV on health, the following question was asked: 'How is your health?' The respondents could mark five options ranging from 'very bad, bad, poor, good and very good.' When analyzing for association between health and IPV by using Chi-square for association, there were some cells having less than five subjects. This makes it not possible to use the Chi-square; therefore, the answers have been merged in 'good' and 'bad' health where 'bad' includes 'very bad', 'bad' and 'poor'. 'Good' included 'good' and 'very good'. With this adapted variable a Chi-square was done, and the results are as following.

TABLE 35: Cross Tabulation IPV and Health

					Total
			Good	Bad	
IPV	No	N	237	73	310
		%	76.45%	23.55%	100.00%
	Yes	N	301	142	443
		%	67.95%	32.05%	100.00%
	Total	N	538	215	753
		%	71.45%	28.55%	100.00%

Table 35 shows that respondents who have experienced IPV had a higher percentage of having a bad health, 32.05% against 23.55%. A Chi-square was used to see if there is a significant association between IPV and health at a p-value < 0.05. The $\chi 2 = 6.468$ and $p= 0.011$, meaning there is a significant association between IPV and health.

Overall, the personal health condition of the 758 respondents was reported as being 'good'; almost half (365, 48.15%) reported having a good health condition. One out of five respondents reported having 'a very good' health condition (176, 23.22%). Another one out five (183, 24.14%) reported having a poor health condition while 25 (3.30%) and 8 (1.06%) reported having a 'bad' and 'very bad' health condition.

4.6.6 Indicating Diseases or Disorders Suffered in the Past 12 Months

The following question consisted of seven mentioned diseases or disorders which the respondents had to indicate (self-reported) by marking 'Yes' or 'No' (dichotomous variable) if they had suffered from it in the past 12 months. These were: migraine or severe headache, weight problems, bad night's rest, abnormal appetite, menstruation problems, bad blood circulation and skin disorder. The option 'Other' was added to give the respondents the possibility to mention another disease or disorder.

Results

The most common disease and/or disorder for all the respondents answering these questions was migraine or severe headache (31.79%) and a bad night's rest (29.02%). Weight problems (24.80%) was also reported to be one of the most common health problems. The percentages of all the health problems are shown in figure 14.

Using the 'Other' option, 26.98% of the respondents reported diseases like allergies; asthma; heart problems; acute infections due to cold, diarrhea, abscess, sinus; diabetes; intestinal problems such as constipation, gastritis, stomach issues; back problems such as hernias; blood problems like cholesterol, anemia, fat liver; auto immune disease such as lupus, rheumatism, and arthritis; pain such as muscle pain, foot, neck pain, bones; other: broken leg, operation, epilepsy and uterus; mental health such as anxiety, stress, depression, hyper ventilation and burn out; balance disorders,

dizziness, and vertigo. The most reported disease/disorder in this option was hypertension mentioned by (25, 4.80%) respondents.

The prevalence for these diseases and/or disorders was also compared with respondents who have experienced IPV. Therefore, a selection was made for experienced IPV and the frequency for the diseases and/or disorders were put in figure 1, see below together with the frequencies of all respondents of this question. The number of respondents who have experienced IPV and have at least a disease and disorder is 524 (69.13%).

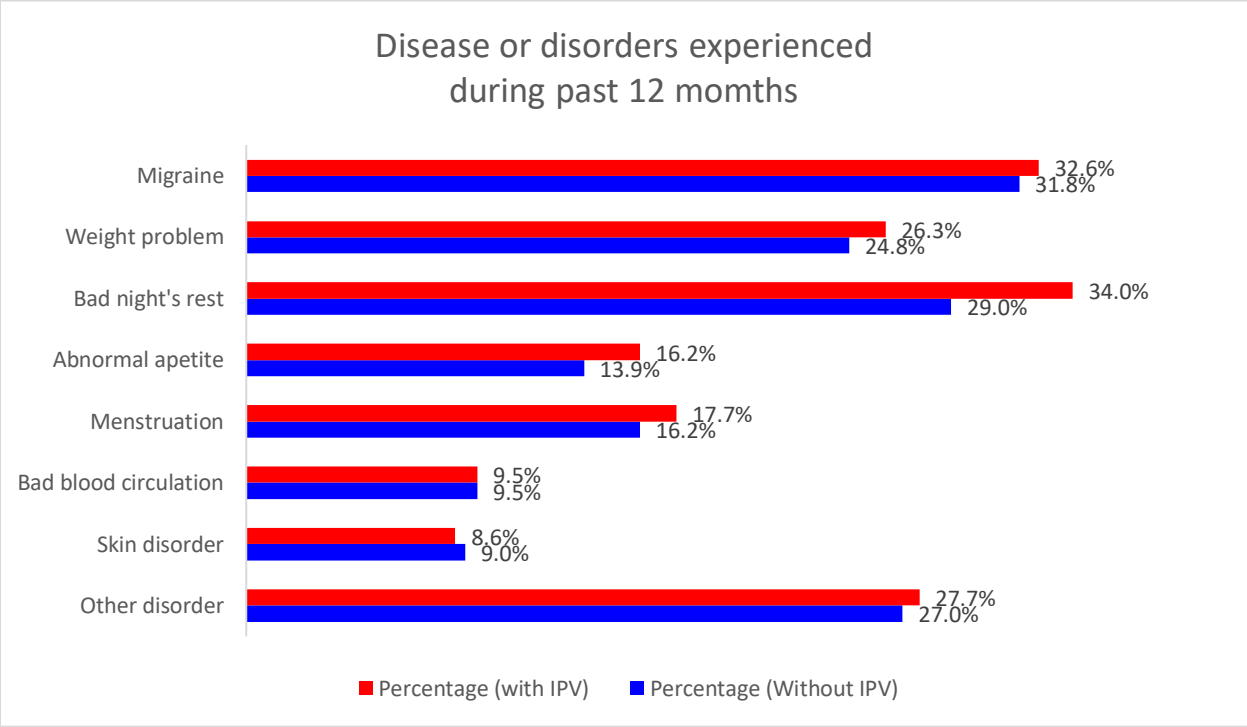


Figure 14: Disease or Disorders Experienced During Past 12 Months

Figure 14 shows a comparison between the results of the diseases or disorders suffered by the respondents without and with IPV. It shows that a bad night's rest is the most common disease or disorder experienced when having experienced IPV and migraine is the second most common. For the selected respondents for IPV, the percentages are all higher for the diseases or disorders except for bad blood circulation and skin disorder.

To check if there is an association between a disease and/or disorder asked in the question with IPV, a selection was made of the respondents who also had answered the questions about IPV. A crosstabulation between these two variables was done and the Chi square was used for association. 'Bad night's rest', ($\chi 2$=17.492, p=0.000), 'Abnormal appetite' ($\chi 2$=8.718, p=0.003) and 'Menstruation problems' ($\chi 2$ =5.765, p=0.016) have significant associations with $p < 0.05$.

4.6.7 Indicating Contact with Health Care Providers

The third section contained eight dichotomous questions with (YES/NO) answers about 'having contact with family practitioner in the last three months,' 'having contact with a specialist this last year,' 'having contact with a social worker this last year,' 'having contact with the National Health Service this last year,' 'having been treated in an out-patient clinic in the past year,' 'having been treated in a hospital in the past year,' 'having used sleeping pills and/or tranquilizers in the past year,' and 'having used anti-depressive pills in the past year'.

Results

A total of 758 respondents reported having contact with one or more health care provider. The most common care provider mentioned was the family doctor, where 66.31% of the respondents reported having had contact in the last three months. The second most reported was the specialist, where half of the respondents (50.53%) reported having contact with a specialist the last year. One out of three of the respondents (29.10%) have been treated in the hospital in the last year. The other contacts with health care providers are shown in figure 15.

When the selection was made for the respondents who had experienced IPV and had contacted a health care provider, a total of 661 respondents were selected. A comparison was made for both percentages and are shown in figure 15.

FIGURE 15: Contact Recently with Healthcare

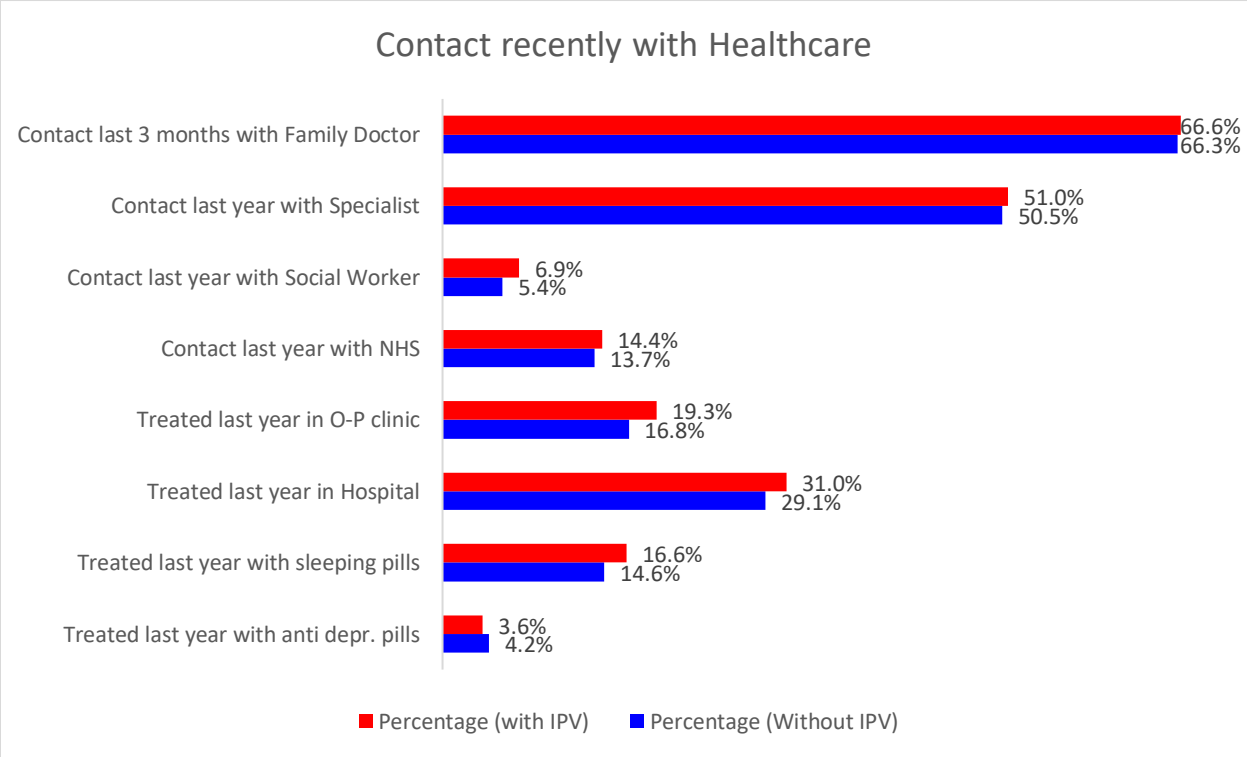


Figure 15 displays a comparison between the results of having contacted with healthcare providers without and with IPV. It is important to mention that the percentages for respondents who

experienced IPV are higher for all different caregivers than those who have not experienced IPV. However, contact with the family doctor, the specialist, and been treated at the hospital during the last year have remained the most common care givers these respondents had contact with.
To see if there are any associations between the use of the caregivers and IPV, a Chi square was used to see if there are any associations.
The only caregivers that were associated with IPV were 'contact last year with social worker' ($\chi 2$=6.034, p=0.014), 'treated in an out-patient's clinic' ($\chi 2$=4.722, p=0.030) and 'treated with sleeping pills' ($\chi 2$ =7.826, p=0.005). These items had a significant association with IPV, where p< 0.05.

4.6.8 Measuring the Use of Alcohol

To measure the use of alcohol among the women who experienced IPV, the following question was asked for the selected population who experienced IPV: Do you sometimes drink alcohol?
The following four answer categories were given: 'No, (hardly) ever,' 'once a week or less,' 'a few times per week,' and '(Almost) every day.'
Five hundred and twenty-one (68.73%) respondents answered this question. Most respondents, 70.06%, reported not or hardly ever drinking alcohol, while 23.03% reported drinking alcohol once a week or less. Only 6.72% and 0.19%, respectively, reported drinking alcohol a few times per week and almost every day.
Measuring the intake of alcohol
To measure the quantity of alcohol intake, the following question was asked:
How many glasses do you drink usually? (One can or a bottle of beer counts as 1 ½ normal glass)
Usually I drink about _____glasses.
A total of 208 (N=208) out of 521 respondents reported as follows: more than 90% had one to five glasses of alcohol, 8.65% had six to 10 glasses and there were no respondents who had more than 10 glasses.

4.6.9 Measuring the Use of Illegal Drugs

The use of illegal drugs was measured by using the following question:
Do you sometimes use illegal drugs?
1: No, hardly ever, 2: a few times per month, 3: once a week or less, 4: (almost) every day.
Almost one hundred percent of the respondents, 99.20% had never used hard drugs. Only 0.80% have stated to use illegal drugs. Two respondents have stated to use illegal drugs a few times a month, whereas one stated to use it once a week or less and another respondent (almost) every day.

4.6.10 Measuring Negative Consequences of IPV for the Body

After the section containing questions regarding Intimate Partner Violence, six questions were asked especially regarding negative consequences for the body. These questions were introduced as follows: Several of the before-mentioned acts can cause unpleasant and painful consequences for the body of the partner.

The respondents were asked to answer if the negative consequences mentioned in the six following questions with dichotomous answers (YES/NO) are the result of what their (ex)husband/(ex)partner(s) did to them. These six questions were about having bruises, cuts, aches, injuries to eyes and ears, dislocations or burns, deep wounds, broken bones, broken teeth, internal injuries or any other similar injuries, and miscarriage. A total of 157 respondents who had experienced IPV answered as follows: As Figure 16 shows, the most common injuries.

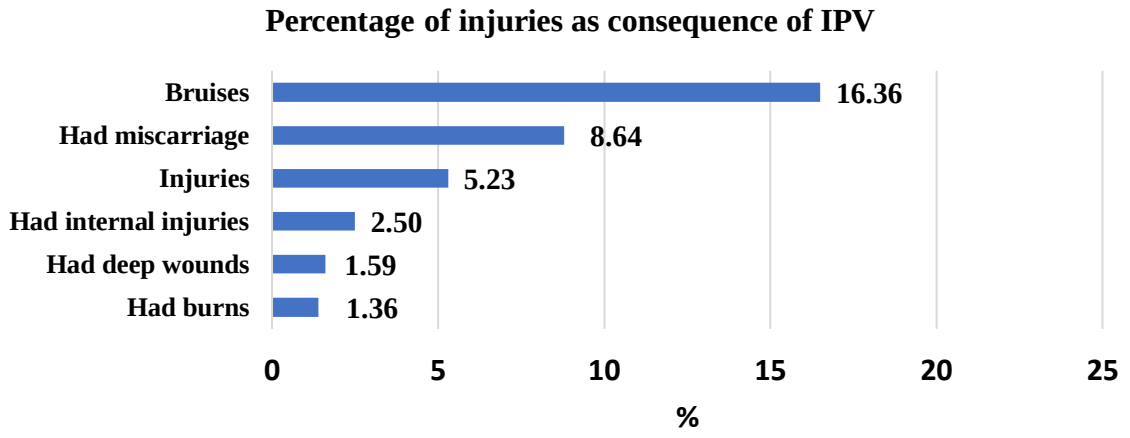


FIGURE 16: PERCENTAGE OF INJURIES AS CONSEQUENCE OF IPV

type of injuries experienced as a result of IPV, was bruises (16.36%), miscarriage (8.64%), injuries (5.23%), internal injuries (2.50%), deep wounds (1.59%) and burns (1.36%).

4.6.11 Indicating the Perpetrator

The respondents were asked to indicate the perpetrator whose behavior had affected the respondent's physical and mental well-being by marking one of the following answer categories: Your husband's/partner's behavior, Your ex-partner's behavior, Both, Neither.

This question was answered by 89 (20.23%) respondents of the 440 respondents who experienced IPV. As stated, the most common perpetrator whose behavior affected the physical and mental well-being of the respondents was the ex-partner (46.07%), the second most common was the current husband/partner's behavior (29.21%). Some respondents were affected by both ex-partner and husband/partner's behavior (3.37%).

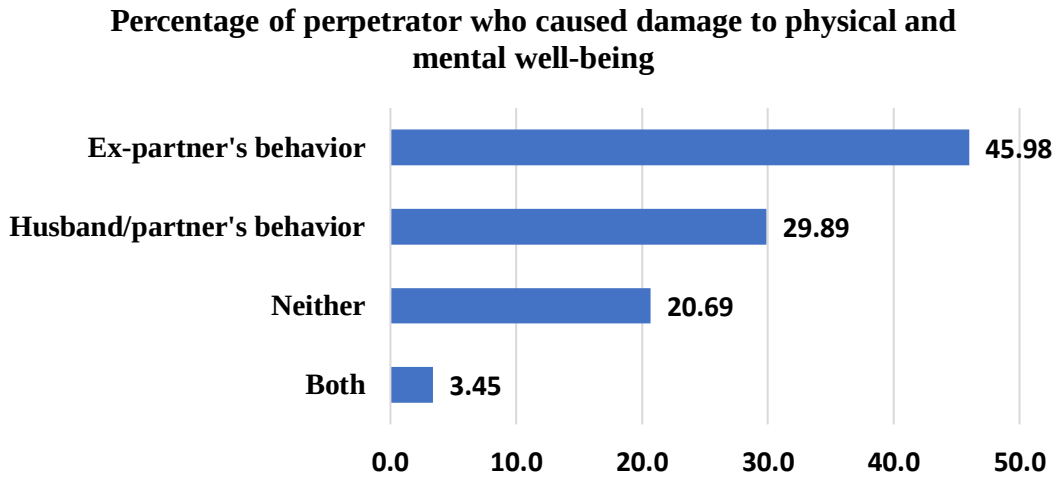


FIGURE 17: Percentage of Perpetrator Who Caused Damage to Physical and Mental Well-being.

4.6.12 Measuring Degree of Being Affected by IPV

The degree of having been affected by IPV was measured by asking the respondents to indicate how much this had affected them by marking one of the following offered answer categories: 'A little bit', 'A lot', 'Very much', 'I don't know' and 'Prefer not to answer.'

Of the 87 (N= 87) respondents who had reported having been affected, 78 (N=79, 90.80%) have answered this question.

As shown by Figure 18, most respondents were affected a little bit: 38%. However, 21.5% stated that they were affected a lot and 22.8% stated that it had affected them very much. One out of ten (10.1%) respondents stated that they preferred not to answer this question (see next page).

The last two questions were about being afraid of current husband/partner and having been afraid of an ex-partner. The answer categories were: Yes, No and N/A (not applicable). The respondents were also asked to mention the degree of fear in both cases. The answer categories were: 'Hardly ever,' 'Sometimes,' '(Almost) always,' and 'Prefer not to answer.'

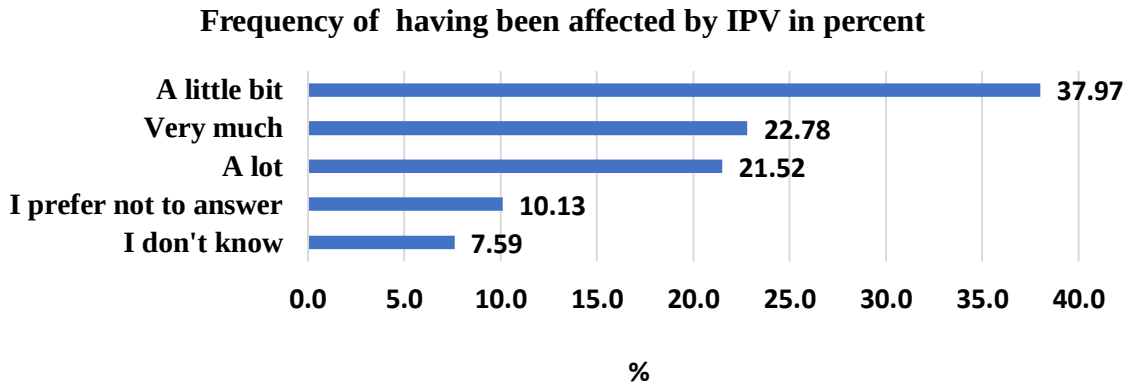


FIGURE 18: FREQUENCY OF HAVING BEEN AFFECTED BY IPV IN PERCENT

Seventy-two of the 598 (12.04%) respondents answered the first question by reporting having been afraid of current partner. The respondents indicated to be sometimes afraid by 82.27% and almost always afraid by 9.5%.

The second question inquiring about having been afraid of ex-partner was answered affirmative by 115 (23.37%) respondents who had also experienced IPV. Three hundred and seven (62.40%) respondents answered never having been afraid of an ex-partner.

Measuring the degree of having been affected by IPV
The respondents were asked in case they had answered 'Yes" to indicate how much this had affected them. The answer categories were: 'a little,' 'much,' 'a lot,' 'I don't know,' 'prefer not to answer.'

4.7 Transgenerational Violence

4.7.1 General Information

The purpose of this study was to investigate if the respondents who answered the questions about being a victim of domestic violence before 18 years of age abused their children and by doing so contributed to keeping the circle of violence turning. In other words, they transfer the violence they experienced as a child to their own children. The sad consequences of these actions are that their own children will do the same to their own children. This is called Intergenerational or transgenerational violence. Social learning theories, based on the theory developed by Bandura, suggests that abused women are likely to abuse their children (Bandura, 1977). This chapter contains the results of the above-mentioned study.
Taking into consideration the rather large amount of child-mistreatment that is weekly published in the newspapers, it is expected that the outcome of this study will support this theory by yielding a rather high percentage of child maltreatment.

Exposure to violence at home has a negative impact on children (Lunnemann & Pels, Van generatie op generatie - een literatuurstudie naar het doorbreken van geweld en de rol van opvoeding, 2013). One of the most common beliefs about domestic violence, especially Intimate Partner Violence (IPV), is that a child who grows up in a violent household is bound to repeat that pattern as an adult. This belief is based on the Social Learning Theory (Bandura, 1977). Bandura posits that humans learn behavior through patterns of observation, imitation, and reinforcement. Social learning theory argues that this is the basis for all human behavior, not just violent behavior (Bandura, 1977; Lunnemann & Pels, 2013).

Researchers, criminal justice professionals, domestic violence service providers, and others refer to this pattern as the "cycle of violence" or "intergenerational transmission of violence." For both males and females, growing up in a violent family increases the risk of being a perpetrator or victim of IPV in adulthood. This pattern may be a continuation of the gendered patterns of reaction to family violence found in childhood, where boys tend to externalize and act out by hurting others, while girls are more likely to internalize, often becoming depressed and withdrawn and engage in self-injurious behaviors. Not always do children from violent homes repeat the witnessed pattern of violence. Moreover, it is possible that abusive partners were not themselves abused or exposed to parental violence as children (Cares, 2009). Social support and mother's education level may act as a potential protective factor for psychological maladjustment (Miller, VanZomeren-Diohm, Howell, Hunter, & Graham-Bermann, 2014).

Social psychologists have explored the relationship between attachment style and the intergenerational transmission of violence. Generally, there are two types of attachment: secure and insecure. In infancy and childhood, a home with marital conflict, which could include IPV, is more likely to elicit an insecure attachment style in children. When children perceive that one or both parents may become physically or psychologically unavailable, as in the case of separation or divorce, this creates fear and anxiety, leading to insecure attachment. Attachment theory is a common explanation for the intergenerational transmission of IPV (Buck, Leenaars, & Marle, 2012). In social learning theory, the relationship witnessed between parents in childhood is the main reference for how to behave in adult intimate partnerships (Cares, 2009). The father is the most important family member to predict criminal behavior by his son (Rakt, Nieuwbeerta, & Graaf, 2006). The Cambridge Study in Delinquent Development (CSDD) has without any doubt contributed to bringing the most important insights in the intergenerational development of criminal behavior. The results of this study show that there is a connection between the criminal behavior of the parents from the persons being surveyed (G 1) and the persons themselves being surveyed (G 2) and the delinquent behavior of the persons being surveyed and the behavior of their own children (G 3) (Smith & Farrington, 2004).

4.7.2 Used Method and Material

The Conflict Tactic Scale Parent – Child (Straus M. , Hamby, Finkelhor, Moore, & Ranyan, 1997) served as model for choosing the questions to be used for this section. Eleven questions were asked about the reaction of the mother at their child's behavior by marking one of the questions below. These questions were followed by a Likert scale containing the following six options: 'Never,' 'Not this month, before that I did,' 'A few times this month,' '(Almost every day this month),' and 'I prefer not to answer this question.'

The questions were introduced as follows:
Children sometimes do things that are not good or sometimes they are disobedient. The next questions are about your reaction at your child's behavior. Would you please, by marking one of the following questions, indicate how often you reacted in that way the last six months?

The questions were as follows: 1. Did you explain to your child(ren) why it wasn't good what he/she did? 2. Did you sometimes give your child(ren) a "time-out" (for example send him/her/them to their bedroom? 3. Did you sometimes threaten to hit your child(ren)? 4. Did you sometimes shake your child(ren)? 5. Did you sometimes shout/yell at your child(ren)? 6. Did you sometimes swear at your child(ren)? 7. Did you sometimes spank your child(ren) with your bare hand at their bottom? 8. did you sometimes hit your child(ren) at their bottom with a belt, slipper, or a hard object? 9. Did you hit your child(ren) somewhere else than their bottom (arm, head) with a belt, slipper or a hard object? 10. did you hit your child(ren) with your fist or kick him/her/them? 11. Did you ever smash your child(ren) against the floor or knock them down?

The outcome of this study is as follows: The most mentioned mother's reaction is 'time out' (303), followed by 'screamed at their child(ren) (297), followed by 'threatened to hit' their children), followed by (210): 'spanked bottom of their children with bare hand.' The most mentioned frequency option was 'sometimes this month,' followed by 'before this month.'
Four forms of child mistreatment showed association with mothers who had experienced Domestic Violence during childhood, supporting the transgenerational or intergenerational aspect of the social learning theories.

4.7.3 Results

TABLE 36: Frequency of Mother's Reaction at Child(ren)'s Behavior

	Never	Before this month	Sometimes this month	Weekly this month	Daily this month	Total	Prefer not to answer
Explained reason of wrong action	41 (9.98%)	21 (5.11%)	91 (22.14%)	57 (13.87%)	201 (48.91%)	411	8
Time out by sending to their room	109 (26.46%)	82 (19.90%)	135 (32.76%)	37 (8.98%)	49 (11.89%)	412	9
Threatened to hit children	203 (49.27%)	71 (17.23%)	101 (24.51%)	21 (5.10%)	16 (3.88%)	412	9
Did shake children	329 (80%)	42 (10.22%)	32 (7.79%)	4 (0.97%)	4 (0.97%)	411	7
Screamed at children	116 (28.09%)	69 (16.71%)	166 (40.19%)	30 (7.26%)	32 (7.75%)	413	8
Swore or cursed at children	358 (86.68%)	31 (7.51%)	20 (4.84%)	4 (0.97%)	0 (0.00%)	413	7
Spanked bottom with bare hand	202 (49.03%)	111 (26.94%)	90 (21.84%)	4 (0.97%)	5 (1.21%)	412	7
Hit bottom with object	334 (80.29%)	57 (13.70%)	22 (5.29%)	0 (0.00%)	3 (0.72%)	416	6
Hit other parts of body with hard object	377 (91.06%)	23 (5.56%)	12 (2.90%)	1 (0.24%)	1 (0.24%)	414	6
Hit with the fist or kicked child	415 (99.52%)	2 (0.48%)				417	6
Knocked down child	415 (99.52%)	2 (0.48%)				417	6

Table 36 shows the frequency of the mother's reaction to the child's or children's behavior. When answering these kinds of questions, one needs to keep in mind that many respondents will avoid writing the truth and will likely give a socially acceptable response. This table shows that a considerable number, in total 370 (89.59%) respondents reported having displayed patience explaining to their child(ren) the reason of their wrong action. Three hundred and three (73.37%) respondents used the 'time out' method by sending their child(ren) to their room as a pedagogic method of punishment or to calm down. Although two hundred and three (49.15%) respondents reported never having threatened to hit their child(ren), almost the same number of respondents, 209 (50.61%) did so. A considerable number of respondents, 329 (80.05%) reported never having shaken their child(ren), but 82 (19.85%) respondents admitted doing that. Although 116 (28.09%) respondents reported not having screamed at their child(ren), 297 (71.91%) admitted having done this. Three hundred and fifty-eight respondents (86.68%) reported never having sworn or cursed at their children, but 55, (13.32%) did so. Two hundred and two (49.03%) never spanked their child(ren) with their bare hand, but a larger number of 210 (50.97%) respondents admitted doing to spanking. A considerable number of respondents, 334 (80.29%) never hit the bottom of their child(ren) with an object, while 82 (19.85%) did. A large number, 377 (91.06%) never hit other parts of the body with a hard object, but still 37 (8.96%) admitted having done so. Most respondents, 415 (99.52%) reported never having hit their child(ren) with the fist or kicked them,

while two respondents admitted that they had. Most also reported never having knocked down their child(ren) and only two admitted doing that. In general, it can be stated that most of the respondents reported not having punished their child(ren) in a harsh or abusive way. The most mentioned mother's reaction is 'time out' (303, 73.54%), followed by 'screamed at their child(ren) (297, 71.91%), followed by 'threatened to hit' their children), followed by (210, 50.97%): 'spanked bottom of their children with bare hand'.

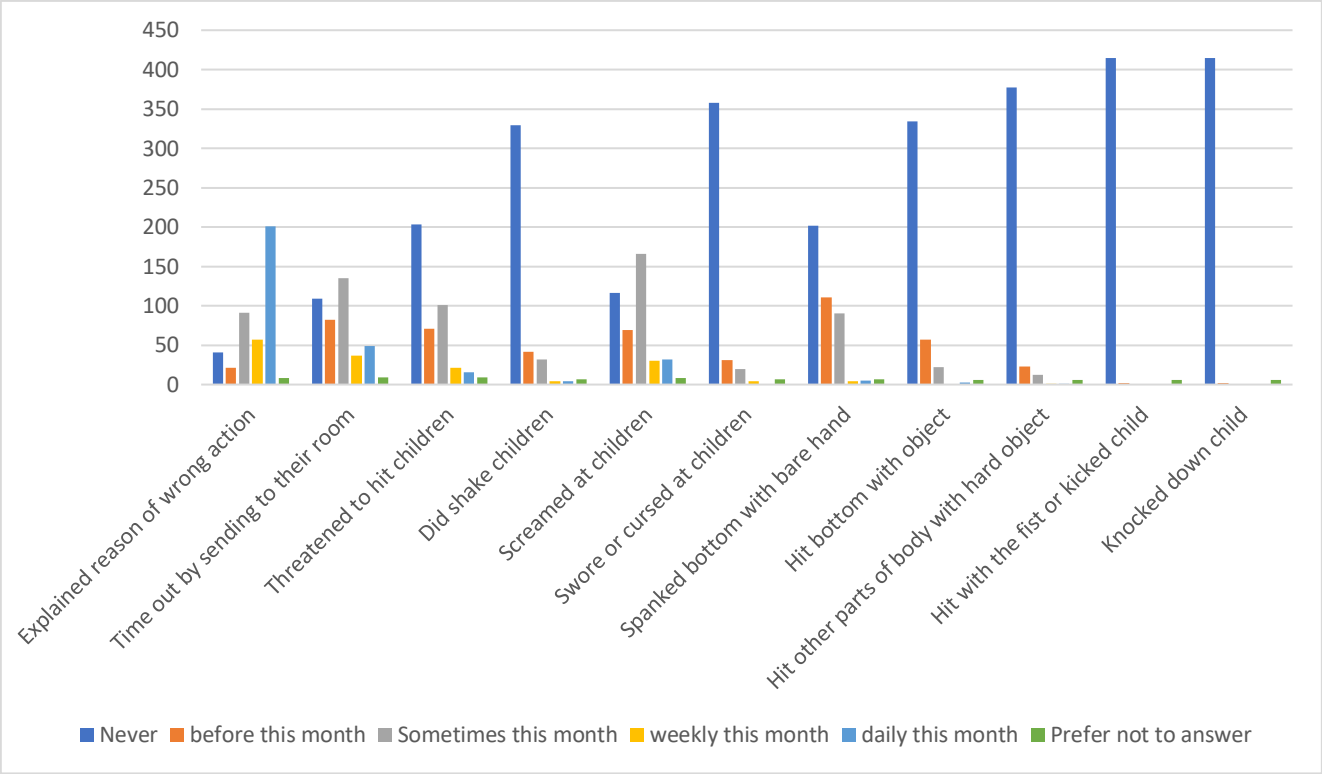


Figure 19: Frequency of Mother's Reaction at Their Child(ren's) Behavior

This figure shows clearly that the frequency option 'sometimes this month' was the most used frequency by the respondents to report their reaction to their child(ren's) behavior, followed by 'before this month.' Although the participating respondents did not often use 'Prefer not to answer,' the fact that it was used in an average of slightly more than seven times may indicate some reservation, for whatever reason, in saying the truth.

To check if there is an association between a mother's reaction to her child(ren's) behavior with having experienced Domestic Violence (DV) before the age of 18 years, a selection was made of the respondents who also had answered the questions about IPV. A crosstabulation between these two variables was done and the Chi square was used for association.

Having experienced DV before 18 years and 'threaten to hit child(ren)' have a significant association $p<0.005$, namely ($x^2=8.102$, $p=0.004$); having experienced DV before 18 years and 'did sometimes shout or yell at their child(ren)' have a significant association, $p<0.005$, namely ($x^2=4.632$, $p=0.031$); having experienced DV before 18 years and 'spank child(ren) sometimes with bare hand at the bottom' have a significant association, $p<0.005$, namely ($x^2=9.188$, $p=0.002$).

A logistic regression analysis to investigate if there is a relationship between Experienced DV before 18 years and transgenerational violence toward child(ren) was conducted. Of the 11 possibilities of reacting to the child(ren), three showed to have a significant relationship. The predictor variable DV before 18 years was tested a priori to verify there was no violation of the assumption of the linearity of the logit. The predictor variable, DV before 18 years, in the logistic regression analysis was found to contribute to the model. The estimated odds ratio favored an increase of [10%] [Exp(B) – [1.102], 95% CI (1.036, 1.172)] for: 'Did you sometimes threaten to hit your child(ren)' for every 1 unit increase of Experienced Domestic Violence before 18 years. The three transgenerational violent acts against children that were found significant were: 'Did you sometimes threaten to hit child(ren),' 'Did you sometimes shout/yell at your child(ren),' and 'Did you sometimes spank your child(ren) with your bare hand at their bottom?'

TABLE 37: Relationship Between Predictor "Experienced DV<18 Years" and DV Transgenerational Reaction

Relationship between predictor "Experienced DV before 18" and DV Transgenerational Reaction at your child(ren)	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B) Lower	95% C.I. for EXP(B) Upper
Did you explain to your child(ren) why it wasn't good what he/she did?	0.077	0.059	1.707	1	0.191	1.08	0.962	1.213
Did you sometimes give your child(ren) a "time-out"?	0.011	0.034	0.111	1	0.739	1.011	0.946	1.081
Did you sometimes threaten to hit your child(ren)?	0.097	0.032	9.418	1	0.002*	1.102	1.036	1.172
Did you sometimes shake your child(ren)?	0.001	0.037	0.001	1	0.979	1.001	0.931	1.076
Did you sometimes shout/yell at your child(ren)?	0.086	0.038	5.149	1	0.023*	1.090	1.012	1.173
Did you sometimes swear at your child(ren)?	0.055	0.039	1.949	1	0.163	1.057	0.978	1.141
Did you sometimes spank your child(ren) with your bare hand at their bottom?	0.079	0.031	6.372	1	0.012*	1.082	1.018	1.151
Did you sometimes hit your child(ren) at their bottom with a belt, slipper or a hard object?	0.047	0.035	1.847	1	0.174	1.048	0.979	1.122
Did you hit your child(ren) somewhere else than their bottom with a belt, slipper or a hard object?	0.049	0.047	1.116	1	0.291	1.051	0.959	1.151
Did you hit your child(ren) with your fist or kick him/her/them?	-0.05	0.245	0.047	1	0.829	0.949	0.587	1.532
Did you ever smash your child(ren) against the floor or knock them down?	-0.05	0.245	0.047	1	0.829	0.949	0.587	1.532

Discussion

Although socially accepted answers were expected since the above-mentioned questions are sensitive questions, the result of the answers given by the respondents can still be considered as being truthful and represent therefore a valued indication of reality.

The above-mentioned results indicating association between three forms of child maltreatment namely 'threaten to hit child(ren),' 'did sometimes shout or yell at child(ren),' 'spanked sometimes child(ren) with bare hand at their bottom' by mothers who had experienced domestic violence during childhood are a confirmation of the theory of transgenerational violence, stating that people who have experienced violence before adulthood will likely be violent to their child(ren) (Bandura, 1977; Cares, 2009; Lunnemann & Pels, 2013).

4.8 Severity and Frequency of the Inflicted Violence, Characteristics of Victims and Perpetrators

4.8.1 General Information

The main object of this paragraph was to examine if there is an association between the types of IPV and the frequency and severity of the inflicted violence. Intimate Partner Violence (IPV) is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviors by an intimate partner. IPV occurs in all settings and among all socioeconomic, religious, and cultural groups. The overwhelming global burden of IPV is borne by women. Findings from several researchers are consistent with this description of IPV (Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005; United Nations Women, 2018).

Victimization of women is a term which is used in the sense of threating a woman in an intentionally unfair way, especially because of her gender or race or acting cruelly against her by using psychological, physical, and sexual violence (Merriam-Webster and Cambridge English Dictionary). Women are more likely to experience IPV than men (World Health Organization and PAHO, 2017). Who are the victims of Domestic Violence? Researchers have found that some people are more likely to become the victims of domestic violence. A likely victim has a poor self-image, puts up with abusive behavior. is economically and emotionally dependent on the abuser. is uncertain of his or her own needs. has low self-esteem. has an unrealistic belief that he or she can change the abuser, feels powerless to stop violence; believes that jealousy is proof of love (Goldsmith, 2018). Women who are victims of domestic violence often abuse alcohol or other substances, have been previously abused, are pregnant, are poor and have limited support, have partners who abuse alcohol or other substances, have left their abuser, have requested a restraining order against the abuser, are members of ethnic minority or immigrant groups, have traditional beliefs that women should be submissive to men, do not speak the common language of the country where they live (Goldsmith, 2018).

4.8.2 Global Scope of the Problem

A comparative analysis of a Demographic Health Survey (DHS) data from 12 Latin America and Caribbean countries found that the majority (61 – 93%) of women who reported physical IPV in the past 12 months also reported experiencing emotional abuse.

A more recent analysis of WHO with the London School of Hygiene and Tropical Medicine and the Research Council, based on existing data from over 80 countries, found that globally 35% of women have experienced either physical and/or sexual IPV or non-partner sexual violence. Worldwide, almost one-third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner, and in some regions, this is much higher. Globally as many as 38% of all murders of women are committed by intimate partners (World Health Organization and PAHO, 2017).

More information: One in five women have been raped in their lifetime within the U.S and almost 50% of American women have experienced sexual assault other than rape during their lives.

4.8.3 Emotional Profile of Women Victims of Domestic Violence

In a study conducted in 2017 regarding emotional profiles of women victims of Domestic Violence, results showed that women victims of DV/IPV had significantly more intensive negative emotional dimensions in comparison to women who were not abused. Women victims of DV/IPV with higher frequency of abuse describe themselves as more sad, apathetic, lonely, angry, quarrelsome, and less sociable. The prominence of negative emotions, deprivation, and aggression can be factors of risk for mental health disorders and for re-victimization of women victims of DV/IPV (Avdibegovic, Brkic, & Sinanovic, 2017).

4.8.4 Characteristics of Victims of DV/IPV

DV/IPV can happen in any relationship, regardless of ethnic group, income level, religion, education, or sexual orientation. However, researchers have found that some people are more likely to become the victims of DV/IPV.

4.8.5 Characteristics/Typologies of Perpetrators

Research has demonstrated that domestic violence perpetrators are not a homogeneous group with a unitary profile whose abuse can be predicted by the same small set of risk factors (Dixon & Browne, 2003). Efforts have been made to identify specific types of abusers through the development of perpetrator typologies based on behavioral differences and/or personality characteristics in the hope of improving risk prediction, understanding of the origins of violence, and identifying any differences in treatment needs and responsiveness to interventions (Barnish, 2004).

For example: Dutton (Dutton, 1998; Dutton, Golant, & Pijnaker, 2000) described three different types of partner perpetrators:

a. The general aggressive type (psychopath and antisocial personality disorders)

b. The neurotic inhibited type

c. The cyclic/emotionally unstable type (borderline personality disorders)

Dutton described risk factors that are only applicable for the latter, namely the so-called cyclical/emotional batterer or borderline batterer. This is a person with a traumatic life history, who experiences an always repeating cycle. This cycle is called The Cycle of Violence. This partner abuse dealer will only behave violently against his partner and not against other people. This cycle starts with an event or occurrence which makes him sad or anxious (fearful) and which makes him isolate himself from his wife, followed by a tension building phase where he blames his partner for his own tensions and nervous irritability. The voltage build-up leads to an irrevocable moment of violent discharge. This stage, when he starts to calm down, is followed by the repentant reconciliation phase. This batterer may deny what happened, or fully blame his partner, but often he will try to make up for it. He feels sorry and promise that everything will be fine again. This promise gives his partner hope that he will really stop this time (Dutton, 1998; Dutton, Golant, & Pijnaker, 2000).

4.8.6 Risk Factors for Being a Perpetrator

Low education, exposure to child maltreatment or witnessing violence in the family, harmful use of alcohol, attitudes accepting of violence and gender inequality, jealousy, controlling behavior, antisocial personality disorder, having multiple partners or suspected by their partners of infidelity, history of violence, marital discord and dissatisfaction, difficulties in communicating between partners, and isolation of partner from family and friends are the risk factors for being a perpetrator. Factors specifically associated with sexual violence perpetration include beliefs in family honor and sexual purity the forcing of sex against partner's will, ideologies of male sexual entitlement, and weak sanctions for sexual violence (WHO, 1999).

4.8.7 General Information on Perpetrators

Sexual assaults: More than 50% of sexual assaults, including rape, are committed by a woman's romantic partner.

More than 40% of sexual assaults against women are committed by an acquaintance.

Approximately 13% of rapes are committed by a stranger to the victim.

Age of Perpetrators: Evidence suggests younger men are more likely to commit violence against women.

Approximately one-third of all convicted rapists are under the age of 25 and almost one-fifth of all sexual assault perpetrators are 18-21 years of age.

No average age is provided for domestic violence. However, women 20-24 years of age are at greatest risk for domestic violence by an intimate partner (Fact sheet from Formerly Family Violence Prevention Fund: FUTURES without violence. Title: Perpetrator Risk Factors for Violence against Women).

4.8.8 Used Method and Materials

To measure the severity of the violence experienced, normally two methods are used: the severity weighted scale method of Straus (2001) and the dichotomous score 'minor only'/'severe' from the Revised Conflict Tactics Scale (Straus et al., 2004). For both these methods, each form of physical or sexual violence gets a weight which reflects the injury producing potential. The following weights are being used: a. psychological/emotional violence all forms: 1; light physical 1; b. weights for physical violence: threat, push, hold to hard, confine: 1; kick, hit: 2; hit with objects: 3; burn: 5; stab: 8; c. weights for sexual violence: sexual threats, exhibitionism: 1; sexual assault: 3; rape: 8.

In a recent study conducted in the Netherlands on the topic of victims and perpetrators of DV/IPV, forms of psychological violence are not being mentioned in the severity weighted scale because of not being considered as significant enough.

Three sections from this questionnaire were used to measure the severity and frequency of DV/IPV. The first one is Section III, question 18 consisting of eighteen questions regarding domestic violence, followed by nine (9) questions indicating the perpetrator, and 7 options to measure the frequency of the inflicted violence.
The second one is Section VII, question 45 consisting of 10 questions regarding physical intimate partner violence, followed by four questions indicating the perpetrator, and seven options to measure the frequency of the inflicted violence.
The third one is Section VIII, question 49 consisting of six questions regarding sexual intimate partner violence, followed by four questions indicating the perpetrator, and seven options to measure the frequency of the inflicted violence.

4.8.9 Results

Discussing the way to "measure" severity of violence in the life of the victims of domestic and intimate partner violence, it was remarkable to notice that the way this had affected the respondents in their younger age and the way they reacted to their children as a mother emphasized the negative consequences such as hurt, sadness, irritability and anger, which were passed on to their children, creating in this way the so-called trans- or intergenerational violence, also known as the 'Circle of Violence.' The choice was made not to use the severity weighted scale method of Straus (2001), nor the dichotomous score 'minor only'/'severe' from the Revised Conflict Tactics Scale (Straus et al., 2004) mentioned form of measure, seeing that the severity of the violence towards a kid/youngster was of such a negative impression that it still lives on in that person (internalized), but to present in a table the forms of violence that had been used against their own children.

TABLE 38: Results of Measuring Transgenerational Violence (see question 25)

	Never	Not this month, before that I did	Some-times this month	Weekly this month	Daily this month	Prefer not to answer	Total n	Total who did take action	% Action
Explained reason for wrong action	41	21	91	57	201	8	419	357	85%
Time out by sending to room	109	82	125	37	49	9	421	230	55%
Threatened to hit children	203	71	101	21	16	9	421	147	35%
Did shake children	329	42	32	4	4	7	418	47	11%
Sometimes shout/yelled at children	116	69	166	30	32	8	421	236	56%
Sometimes swore at children	358	31	20	4	0	7	420	31	7%
Spanked bottom with bare hand	202	111	90	4	5	7	419	106	25%
Hit bottom with object	334	57	22	3	0	6	422	31	7%
Hit other parts of body with hard object	377	23	12	1	1	6	420	20	5%
Hit with the fist or kicked child	415	2	0	0	0	6	423	6	1%
Knocked down child	415	2	0	0	0	2	260	0	0%

The two options highlighted in light orange represent a positive action taken by the mothers, where 85% of the respondents indicated to have taken the time to explain the wrongdoing to the children, while 55% indicated that they sent the children on time-out as a way of disciplining the children. On the other side of the spectrum, 56% of the mothers. shout at their children, 35% threaten their children with hitting them, and 25% spank them. When looking at this information coming from a population of 758 women participating in this study, the above three categories of transgenerational violence represent 31%, 19% and 14%, respectively.

To put the above in perspective, 463 women indicated that they have children at home that are younger than 18 years, which adds to a total of 922 minors. This means that 56% of these 922 children are yelled at, 35% are being threatened to be hit by their mother, and 25% are being spanked.

The second option to "measure" severity was sought in the results of the categories of intimate partner violence presented in the questionnaire.
Seven categories of violence were used to measure IPV, with a total of 40 statements. The categories were Control, Threats, Light physical violence, Financial control, Psychological/ Emotional, Physical and Sexual abuse. The frequencies of these 40 statements were put in a table in Descending order by frequency percentage. The table below illustrates the 15 statements with the highest frequency percentage and the category it belongs to.

TABLE 39: Seven Categories Used to Measure IPV

			No	Yes	N	%	N=758
1	Control	Insists on knowing where you are	380	277	657	42.16%	36.54%
2	Emotional abuse	Insulted you or made you feel bad	417	242	659	36.72%	31.93%
3	Control	Gets angry when speaking to other man	511	146	657	22.22%	19.26%
4	Control	Ignores you/indifferent treatment	544	106	650	16.31%	13.98%
5	Emotional abuse	Scared or intimidated you on purpose	550	106	656	16.16%	13.98%
6	Control	Is often suspicious of unfaithfulness	558	100	658	15.20%	13.19%
7	Light physical	Held you so hard that it hurt	549	97	646	15.06%	12.80%
8	Control	Keeps you from seeing friends	568	90	658	13.68%	11.87%
9	Emotional abuse	Belittled or humiliated you	569	87	656	13.26%	11.48%
10	Threats	Threatened to hurt you	571	79	650	12.58%	10.42%
11	Light physical	Pushed you hard against something	569	78	647	12.06%	10.29%
12	Threats	Threatened to abandon you	573	76	649	11.71%	10.02%
13	Physical abuse	Slapped you	579	74	656	11.28%	9.76%
14	Fin control	He refuses to give enough money	572	68	640	10.63%	8.97%
15	Fin control	He doesn't want you to know the family income	571	65	636	10.22%	8.58%

Table 39 shows the results of the top 15 types of abuse as identified by the respondents. As can be seen, 33.33% fall under the Control Abuse, 22.07% are categorized as Emotional Abuse, and 13.53% fall under Light Physical and Financial Control Abuse.

The prevalence of physical violence was 14.71%, which is one out of seven and the prevalence of sexual violence is 9.49% which is one out of 11.

Bruises and injuries are consequences of violence. Of the 660 women who answered the questions about IPV, there are a total of 163 injuries reported varying from bruises, scratches, dislocations, burns, broken teeth and miscarriages. Bruises: 16.56%; injuries: 5.52%; burns: 1.42%; deep wounds: 1.60%; internal injuries: 2.45% and miscarriages: 8.59%.

When the women were asked whose behavior has affected their physical and mental well-being, they indicated 46.74% coming from their ex-partner's behavior, and 28.26% from their husband's/partner's behavior.

The respondents were then asked how much that behavior has affected them, to which they answered 37.35% just a little bit and 44.58% a lot and very much.

Q56: Have you been afraid of your current husband/partner? 11.89% answered yes, and 88.11% no.

Q57: Indicating how much: 19.05% hardly ever, 63.49% Sometimes; 9.52% (almost) always.

Q58: Have you ever been afraid of an ex-partner? 23.17% Yes, 76.83%: No. (n=114)

Q59: Indicating how much: 13.33% A little, 44.17% Much, 32.50% A lot, 7.50% I do not know, 2.50% Prefer not to answer.

The frequency most mentioned in response to the physical and sexual abuse questions or statements is 'a few times' which is considered a rather high form of frequency. Scientific literature mentioned that frequent abuse aggravates the severity of the injuries (Barnett, Miller-Perrin, & Perrin, 2005; Barnish, 2004).

4.8.10 Discussion

Comparing the results of the bruises and injuries, deep wounds and internal injuries, and miscarriages with the results of the psychological form of abuse, it is noticeable that the latter yields a higher percentage of abuse. Taking also into consideration that the scientific literature on this topic reveals that victims of domestic and intimate violence report to experience psychological abuse as the most harmful, it raises the question if a review of the scale weighing the different forms of abuse is not necessary.

Till the day of today psychological violence is not explicitly punishable in the Netherlands. At the moment, the police and the Public Prosecution Service (OM) do not register psychological abuse separately. Distinguishing between physical and psychological abuse "makes the registration less accurate because the margin of error increases," said the minister in answer to the parliamentary questions. "In addition, it entails a large administrative burden, which makes this registration undesirable."

The following countries have introduced laws against *coercive control.* This has caused an increase of demands and detentions. More countries, such as France (2010), New-Zealand (2018), Wales (2019), Scotland (2019), Ireland, some states in Australia (2018) and the USA (2019) have also introduced laws against coercive control (Haasnoot, 2021).

4.9 Trying to Prevent, Stop the Violence and Seeking Help

4.9.1 General Information

Most studies regarding Intimate Partner Violence contain sections with only questions about emotional/psychological, physical, and sexual abuse. There are not many of these studies/surveys containing a section dedicated to gain information of the efforts made by the women trying to prevent or stop the violence, neither about seeking help. That has been a point of criticism from especially the World Health Organization complaining that such surveys do not produce a complete picture of the situation that women experience, when being victims of Intimate Partner Violence. They not only undergo the psychological, physical, and sexual abuse, but they also try to prevent and to stop the violence. When those efforts don't succeed, they try to seek help. This chapter contains questions meant to measure the efforts victims make to prevent and to stop partner violence and the data that was collected. It also contains questions about seeking help, where the victims of partner violence go, whom they consult to try to change the violent situation and the suffering. The sections regarding these questions were deliberately added at the end of the questionnaire after the sections containing the questions about Intimate Partner Violence (mental

or psychological violence, physical, and sexual violence) after the questions of intimate partner violence had been answered. The section regarding seeking help was followed by a last section containing questions to get information about the reasons why not all victims seek help in difficult and dangerous violent situations regarding IPV.

Some important results are as follows: the most marked option by the selected group who had experienced IPV was 'by understanding his point of view and respecting his feelings' sometimes (32.8%). Help was mostly sought at informal help sources, like family and friends and surprisingly by praying. The most mentioned formal help source was the police. The two most mentioned reasons why help was not sought are 'didn't consider it relevant enough' and 'because of fear.'

4.9.2 Literature Review

a. Trying to prevent or stop violence.

Some authors explain that when violence starts, the first reaction of women is shock and disbelief and even not recognizing it as abuse but as an incident that will not repeat itself. When violence continues, women will start applying coping strategies such as monitoring partner's behavior, offering solutions like starting to ask what is wrong, offering help such as professional help or intervention. But when violence becomes unpredictable and dangerous, women may consider strategies to maximize their safety and that of their children such as hiding keys and weapons or preparing for the case they have to run away to save their lives (Burke, Carlson Gielen, Mc.Donnell, Campo, & Maman, 2001). Some women try to cope by drinking or taking prescribed drugs, which tends to blur their perceptions of the relationship. Only women whose personal resources enable them to retain independence and who hold a less sacrificing view of love tend to end the relationship at the early signs of violence (Kearney, 2001).

One of the most asked questions in these situations, especially by outsiders is: Why do women stay in an abusive relationship? The most mentioned reasons for staying are fear, especially that violence will escalate if they leave, or that threats against themselves or their children and other loved ones will be carried out; not having an own income; lack of support from family or friends; concern for the effects on children; feeling sorry for the abuser and hoping that the man will change (WHO, 2002; (Fleury, Sullivan, & Bybee, 2000).

Another frequently asked question following the above-mentioned question when studying violence against women is: Why do women return? Some authors mention that to end an abusive relationship is not a decision you make overnight but a process. That is why some women leave and return several times. What are the reasons for returning to an abusive partner and a violent environment? Women may return to their abuser because they intend only a short separation to give a signal that they are not willing to accept more abuse. They hope that their partner will get the message and will change. Another reason is because needed and expected support (financial and housing, transport, children assistance) are lacking. A reason that is also often mentioned is the children's continuing emotional attachment to their father. Sometimes the abuser expresses

remorse and promises to change, what will make the women to decide to give the relationship another chance. This happens especially if their partner promises to receive or has received counseling for his abusive behavior (WHO, 2002; Wilson, When violence begins at home, 1997).

A question often asked at the end of the discussion is: what makes women leave? The most mentioned reasons in literature that make women leave an abusive relationship are: having experienced escalating and severe violence causing not only injuries but also making them fear for their lives and/or those of their children; keeping weapons in the house by the offender; increasing danger and damage, including negative effects on their health and well-being and on their children; convincing themselves that their partner is not going to change (Garcia-Moreno, Guedes, & Knerr, 2012); having experienced the feeling that they might end up killing their abuser; or when other persons (family and/or friends or police) have witnessed the violence; but also new job opportunities and helping friends and family. The better women are prepared for independence (study and own income) but also psychological, the more likely they are to leave an abusive relationship.

In a study titled 'Immigrant and Nonimmigrant Women: Factors that Predict Leaving an Abusive Relationship' (Amanor-Boadu et al., 2012), the authors examined and compared the factors that predict immigrant women's and nonimmigrant women's decision to leave an abusive relationship. Women will examine the following two crucial questions "Will I be better off?" and "Can I do it?" In examining the first question women who are considering leaving also weigh several risks, including the risk of harm to others (e.g., their children) and the financial, social, and legal risks. In examining the second question, women examine the available resources and potential barriers to leaving (e.g., feelings of self-efficacy and feelings of control or structural barriers, e.g., access to money, employment, shelter, or other services). Comparison between groups in this analysis found that immigrant women reported higher risks in the areas of personal physical harm, social and legal risks, and financial risks, than did nonimmigrant women. In addition, immigrant women faced higher barriers to leaving a violent relationship in terms of being more likely to be married, reporting higher levels of fear and feeling controlled by an abuser, being older, and being more likely to be socially isolated by their abusive partner (Amanor-Boadu et al., 2012). Recent studies among undocumented Latinas in the USA report that undocumented victims normally were more likely to seek informal sources of help in the first place because of fear of deportation (Kyriakakis, 2014). The most recent study on this topic supports this statement; however, it also mentions that "seeking help from both informal and formal sources appears to be dependent on the increasing severity of the physical abuse and the likelihood of having some financial independence by being the sole wage earner" (Mowder, Lutze, & Namgung, 2018).

b. seeking help.

The section containing questions about preventing and stopping the violence was followed by a sub section containing questions about seeking help. There is no clear definition of what is meant by help-seeking. The World Health Organization (WHO) offered a comprehensive but very

extensive attempt to define 'help-seeking.' Parts of some definitions are mentioned below, including:
"The active search for resources that are relevant for the solution of that (specific) problem"; in this case, the specific problem is violence and abuse against the woman and eventually her child(ren).
"Help-seeking behaviors involve a request for assistance from informal supports or formalized services for the purpose of resolving emotional, behavioral or health problems."
"The decision to seek some form of professional assistance and the choice of a particular help source"
"The first stage of the social support process: that is, to a person, the recipient, taking the initiative and communicating with others to request any kind of support, whether affective, evaluative, or instrumental" (Rickwood, Thomas, & Bradford, 2012).
As noticed, to seek help is not an easy decision, especially for someone mentally confused, in pain, and indecisive.

4.9.3 Used Methods and Materials

Measuring quantity of respondents who tried to prevent or stop violence.

The questions regarding preventing and stopping violence between intimate partners were taken from the Revised Conflict Tactics Scales (CTS2) – development and preliminary Psychometric Data (Straus M. , Hamby, McCoy, & Sugarman, 1996), page 297 about 'negotiation.' The option 'slapping him in self-defense' was added to the original four questions as an original and spontaneous option, which is not mentioned in any other Scale or Questionnaire. The 'Other' option was offered again to the respondents as a possibility to express their own effort in preventing, trying to stop violence and seeking help for this situation.

The questions about help-seeking were taken from The General Help-Seeking questionnaire (GHSQ), which was developed to assess intentions to seek help for different problems and that can be applied to a range of contexts. An important recommendation made by the above-mentioned authors is to dedicate a separate section containing questions about preventing and stopping domestic violence and seeking help at the end of the questionnaire (p. 20). This recommendation was followed up by introducing two pre-last sections: (Section X) containing questions about preventing or trying to stop violence and (Section XI) about seeking help. The above-mentioned authors also suggested inclusion of potential formal and informal help source options and the option of not having sought help (page 21). The questions on this topic mentioned in 'Meten van geweld achter de voordeur" on page 41 (Goderie & ter Woerds, 2005) served also as model for the questions about seeking help. The list of formal and informal help sources was modified with local formal and informal help institutions like the Department of Social Affairs, Slachtofferhulp (Victim aide), Fundacion pa Hende Muhe den dificultad (FHMD)=shelter for women in Need (new name Foundation for Relational Violence) and the option 'prayer.'

The questions of this Section were introduced as follows: When painful situations occur in family life, the victim sometimes tries to make an end to this unpleasant situation. The following questions are about trying to prevent or to stop violence.

The respondents were asked to answer five questions in a 4-point Likert scale with the categories 'never,' 'sometimes,' 'regularly,' and 'often'. These five questions were about trying to prevent or stop the violence by 'saying nothing and consenting with what he said,' 'by saying that she understands his point of view and that she respects his feelings,' 'by explaining to him her point of view and by proposing a compromise,' 'by proposing to look (together) for professional help,' and by 'slapping him as self-defense.' An extra option 'Other, namely____' was added to give the respondents the opportunity to express their own solution.

4.9.4 Results

Results from selected respondents of IPV questions

TABLE 40: Preventing or Stopping Violence (with IPV)

	Never	Sometimes	Regularly	Often	Total	Total without never
Stopping violence by saying nothing and consenting	47=39.50%	31=26.05%	26=21.85%	15=12.61%	119	72
Stopping violence by understanding and respecting him	41=35.34%	38=32.76%	26=22.41%	11=9.48%	116	75
Stopping violence by giving own POV and compromising	33=28.45%	37=31.90%	27=23.28%	19=16.38%	116	83
Stopping violence by suggesting professional help	66=56.90%	19=16.38%	17=14.66%	14=12.09%	116	50
Stopping violence by slapping him as self defense	69=63.30%	27=24.77%	6=5.50%	7=6.42%	109	40
Stopping violence in other way	15=71.43%	4=19.05%	0	2=9.52%	21	6

These are the results of the answers of the group of respondents who also answered the questions on IPV. The most marked option was 'Stopping violence by giving own POV and compromising' which was 83 (71.55%, followed by 'Stopping violence by understanding and respecting him', marked by 75 respondents (64.66%). The option 'stopping violence by slapping him as self-defense' was rejected as an option that could lead to reconciliation between the partners. Nine respondents used the 'Other' option to give some other answers: "I ignore him"; "I prevent problems"; "I don't answer"; "Time-out"; "I try to stay calm".

4.9.5 Questions about Seeking Help

This section 'Seeking help' was introduced as follows: People who suffer under these unpleasant and painful situations sometimes seek help. The respondents were asked to answer the following question, 'Did you ever try to seek help?'

The answer categories were: 1. With family and/or friends; 2. With the police for intervention; 3. By filing a complaint; 4. With a lawyer for judicial help; 5. By asking for divorce; 6. With a family practitioner; 7. With 'Aid to victims' (Slachtofferhulp); 8. At the hospital (Emergency); 9. At the Department of Social Affairs for advice and guidance; 10. At the shelter (FHMD); 11. With a priest/pastor/church; 12. By praying; 13. Other, namely…..

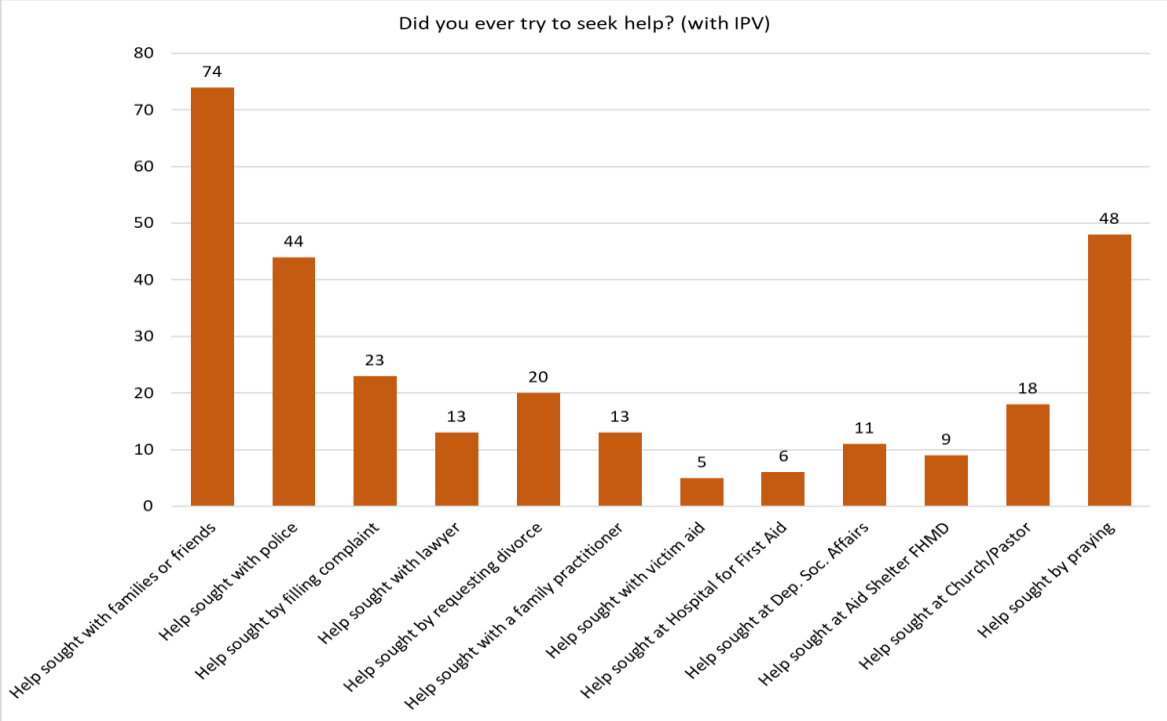


Figure 20: Ever Sought Help?

From the initially 298 respondents who answered this question, a total of 234 (78.52%) respondents had also experienced one or more forms of IPV. This figure displays the results of the respondents who answered the questions on IPV. The option 'family and friends' was the most marked (74, 31.62%), followed by 'Pray' (48, 20.51%), followed by help sought with police (44, 18.80%), followed by help sought by filing a complaint (23, 9.83%), followed by help sought by requesting a divorce (20, 8.55%), help sought at church/priest/pastor (18, 7.69%), help sought with a family practitioner (13, 5.56%), help sought at Department of Social Affairs (11, 4.70%), help sought at Aid Shelter (9, 3.85%), help sought at Hospital (6, 2.56%), help sought with victim Aid (5, 2.14%).

The last question in this section was as follows: If you did not seek help, why not? (Several answers possible).

The answer categories were: 1. I don't like to talk about this; 2. I didn't think it was that serious; 3. Because of fear; 4. I don't want to betray the perpetrator; 5. No one can help; 6. I don't know where to seek help; 7. I don't need help; 8. Other reason, namely…….

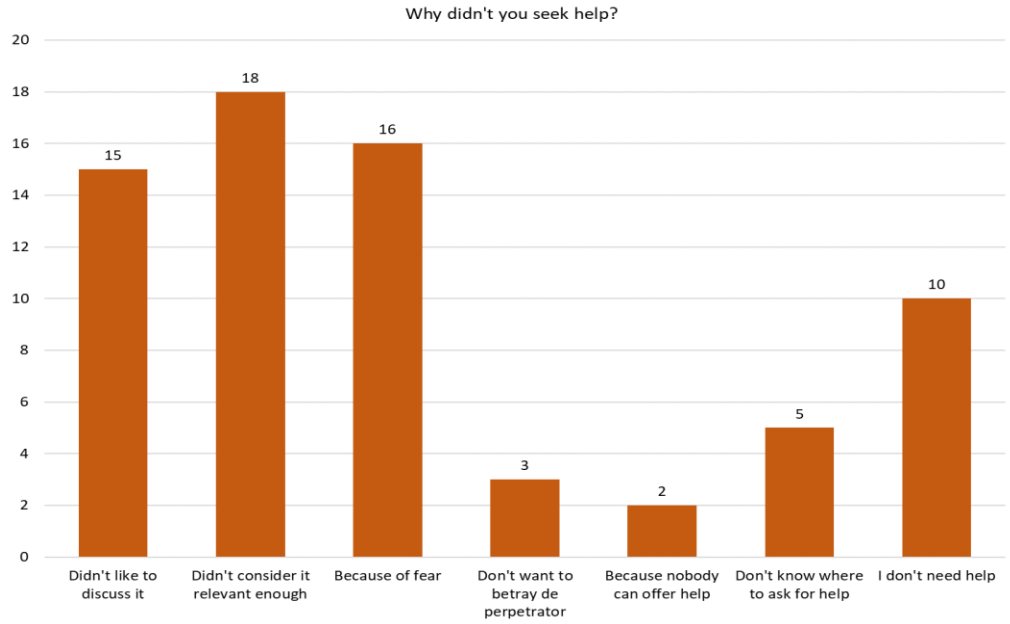


Figure 21: Why Didn't You Seek Help?

Results on reason why didn't seek help.

This figure shows the outcome of those 69 respondents who answered the question on not seeking help and who also responded the questions on IPV because it is more logical that there will be a reason why they didn't seek help being in an abusive relationship. The most reported answer on this question was that eighteen (18, 26.09%) respondents didn't consider it relevant enough, followed by 'because of fear' (16, 23.19%), followed by 'didn't like to discuss it' (15, 21.74%), followed by 'I don't need help' (10, 14.49%), followed by 'don't know where to ask for help' (5, 7.25%), followed by 'don't want to betray the perpetrator' (3, 4.35%), and 'nobody can offer help' (2, 2.90%).

4.10 Prevalence of Stalking in Aruba and why it is Considered a Form of Intimate Partner Violence (IPV)

4.10.1 General Information

This chapter starts with information containing the reason why stalking is also reckoned to be a form of IPV/partner violence. To demonstrate this, anti-stalking legislation of the U.S.A., the Netherlands and Aruba were compared. In the first place, why stalking is considered to be dangerous and may lead the stalker to commit a crime becoming therefore punishable. Consequently, important information is also provided about the development of anti-stalking legislation with the objective to penalize stalking. In this chapter the definition of stalking, forms of stalking, characteristics of stalkers, impact of stalking and the measuring of stalking are also described.

This is the first time that a national survey on Intimate Partner Violence and Domestic Violence (IPV/DV) is conducted on the island of Aruba. IPV/DV is an extremely sensitive topic. The decision to measure the prevalence of stalking in a national survey on violence against women

(IPV/DV) in a separate section, was based on the relatively recent existing opinion that stalking should be considered a "part of the domestic violence continuum" because stalking is most often committed against women in the domestic violence context (Kurt, 1995). Studies on IPV/DV (Tjaden & Theonnes, 1998b) show that violent and harassing stalking behaviors occur among physically battered women, both while they are in a relationship and after they leave their abusive partners. These findings show compelling evidence of the link between stalking and controlling and emotionally abusive behavior in intimate relationships (Tjaden & Theonnes, 1998b; (Mechanic, Weaver, & Resick, 2008) . When victims of IPV/DV leave or try to leave their abusers, these abusers often stalk their victims trying to regain control. Several scholars also have classified stalking as a form of domestic violence or IPV/DV, especially when the victim-offender relationship is or was intimate (Kurt, 1995; Ashcroft, 2001; Barnett, Miller-Perrin, & Perrin, 2005). Researchers have suggested that prior or current partners who enforce extreme isolation via stalking acts are most likely batterers (Blaauw, Winkel, Arensman, Sheridan, & Freeve, 2002). Stalking as a variant of domestic violence is a serious social problem. It is also a complex behavior with social and cultural underpinnings as well as psychological determinants (Stalking and Domestic Violence Report To Congress, 2001).

After the information about penalization and anti-stalking legislation follows information about the measuring of the prevalence of stalking. The last section of the questionnaire measuring the prevalence of IPV was reserved for the questions to measure the prevalence of stalking. In a prior study regarding the handling of domestic violence in Aruba, the most read daily newspaper (*Diario*) was checked on the reporting of domestic violence and stalking. Only two cases of stalking were reported in one year (Marval A. , 2013). Based on this information, high rates of respondents reporting cases of stalking during this research were not expected.

4.10.2 Definition of Stalking

The word 'stalking' has its origin in the English verb 'to stalk' meaning literally (a prowler or a poacher, or an animal) "approaching stealthily, quietly and unseen" his or its prey (All Nations English Dictionary). The media started to use the term 'stalker' in the 20th century to describe people who pester and harass others, especially celebrities, famous singers and sport heroes (Govaerts, 2005-2006).

The definition of the term 'stalking' is difficult (Biden, 1993) because it is a collective term for numerous activities (Royakkers, 2000), which is the reason why there is a lack of a universal or general operational definition of stalking. Notwithstanding this difficulty, the different definitions used have common characteristics, such as an undesirable behavior pattern that causes violation to the privacy of another person and that also causes an implicit threat against the victim and induces fear in the victim (Sinwelsky, 2001). The lack of a general operational definition of stalking has caused many problems penalizing stalking in the Criminal Code of different countries. In this study anti-stalking legislations of three countries, the U.S.A., The Netherlands, and Aruba will be mentioned, focusing on the differences between the anti-stalking legislation of the U.S.A.,

the development in the drafting of the Dutch anti-stalking law and that of Aruba, regarding the description of the delict stalking.

4.10.3 Anti-Stalking Legislations

a. U.S.A.

The first state to criminalize stalking in the U.S.A. was California in 1990 following the homicide of actress Rebecca Schaeffer. In response to other highly publicized cases, growing media attention and expanding public concern, other states followed (Kurt, 1995: 221). The law was drawn up rather hastily and the legislature had to amend the law several times since 1990. In 1998 the following delict description was (provisionally) agreed on in California:

"Any person who willfully, maliciously and repeatedly follows or harasses another person and who makes a credible threat with the intent to place that person in reasonable fear of his or her safety, or the safety of his or her immediate family, is guilty of the crime stalking" see (Royakkers, 2000).

In his article "The Dutch approach to Stalking Laws," Lambert Royakkers (2000) makes some observations on the following shortcomings in the delict descriptions of stalking in different USA states' anti-stalking legislation.

He states that: "In most definitions the motive is lacking: the abusive behavior is grounded in amorous and/or sexual motives, or in motives related to this, whether or not an actual relationship exists or has ever existed between stalker and victim. This affective motive is the root of stalking".

The negative consequences of stalking (stress, fear, isolation, reduced work capacity) occur when the victim experiences the suspected intentions of the stalker. Before that, the victim cannot be aware of the intentions of the stalker.

In most definitions the perpetrator has to evoke fear in the victim; he has to make a credible threat of violence against the victim or her family (for this behavior to be considered as stalking). This requirement overlooks that a typical element of stalking is psychic and that stalking often consists of repetitive harassment of the victim before striking at the victim (Royakkers, 2000).

To correct some of these definitional shortcomings, Royakkers suggests the following definition: Stalking is a form of mental assault in which the perpetrator repeatedly, unwantedly, and disruptively breaks into the lifeworld of the victim, with whom he has no relationship (or no longer has) with motives that are directly or indirectly traceable to the affective sphere (Royakkers, 2000).

He also states that "a legislator who wants to penalize stalking must confront the problem of definition, …to avoid having a law declared unconstitutional on the grounds of vagueness (1) and overbreadth (2)" (Royakkers, 2000).

b. The Netherlands

With the implementation of an anti-stalking provision in the Dutch Criminal Code in July 2000, stalking finally became criminalized in the Netherlands. The relatively broad definition of article 285b reads as follows:

He, who unlawfully, repeatedly, willfully intrudes upon a person's privacy with the intent to force that person to do something, to refrain from doing something, to bear something or to instigate fear in that person, will be punished, as guilty of stalking, to a prison term with a maximum of three years or a fine of the fourth category.

Prosecution can only occur on the request of the person against whom the crime was committed (Van Der AA & Kunst, 2009).

When making a comparison between the American delict description and the Dutch one, it is noticeable that the Dutch delict description does not mention any form of stalking but focuses directly on the violation of the victim's privacy, being a violation of one of the most important Human Rights. The Dutch protection of privacy is based on article 10 of the Dutch constitution: "Everyone has the right to the respect of his/her private life subject to and under the limitations of the law" and also on article 8 of the European Convention on Human Rights (ECRM): "Everyone has the right to respect for his private and family life, his home and his correspondence." Resolution 428 (1970) of the Parliamentary Assembly of the Council of Europe, which contains the Declaration concerning the Mass Media and Human Rights also contains an almost identical definition protecting family and home life (Royakkers, 2000). Two kinds of private life are encapsulated in their view: relational privacy and informational privacy. The Dutch legislature has considered – according to the Council of Europe – the following regarding one's private life: The home, certain forms of communication (such as telephone calls, letters, and confidential conversations held outside the home), some customs, type of behavior and contacts, memberships, as well as certain aspects of family life, and bodily and mental integrity.

Conclusion: The term 'private life' in the Dutch legislature, has enough basis to serve as a directly applicable constitutional right (Royakkers, 2000).

[1] Avoid for vagueness doctrine is one of the "due-process" guaranties of the fifth and fourteenth Amendment from the American Constitution and requires that the crime or criminal offense has to be described adequately in the criminal laws.

[2] You speak about overbreadth when application of a disputed law forms a real violation of the First Amendment Rights**Invalid source specified.** .

c. Aruba

In 2003 three Members of Parliament introduced an initiative bill called 'Expanding Criminalization of Moral Delicts' (Staten van Aruba, 2012). One of the new articles that was added was article 298a clearly referring to and criminalizing stalking:

He, who unlawfully, repeatedly, willfully intrudes upon a person's privacy with the intent to force that person to do something, to refrain from doing something, to bear something or to instigate fear in that person, will be punished, as guilty of stalking, to a prison term with a maximum of four years or a fine of the fourth category.

Prosecution can only occur on the request of the person against whom the crime was committed (Van Der AA & Kunst, 2009).

It is not strange that this article is identical to the definition in the Dutch Criminal Code, because being part of the Kingdom of The Netherlands, the Dutch laws serve as models for Aruban laws. The only difference is that the maximum prison term in the Dutch Law is three years and in the Aruban Criminal Code it is four years.

In 2012 the new Criminal Code of Aruba was approved. Article 298a was changed into the following Article 2: 257:

He, who unlawfully, repeatedly, willfully intrudes upon a person's privacy, will be punished as guilty of stalking, to a prison term with a maximum of four years or a fine of the fourth category. Prosecution can only occur on the request of the person against whom the crime was committed. (Government of Aruba, 2012).

The change is according to the definition of stalking as suggested by Royakkers, see above (Royakkers, 2000). The explanatory memorandum to this article explains this change as follows: "The subjective part: 'with the intent to force that person to do something, to refrain from doing something, to bear something or to instigate fear in that person' is obsolete and will not be mentioned anymore." It is considered to be obsolete, because as explained above, stalking is just like IPV/DV and considered a violation of one's private life, which is by its term, considered a constitutional and (human) right. (Royakkers, 2000).

4.10.4 Forms of Stalking Behavior

Some of the most used forms of stalking behavior are unwanted following of the victim by the stalker; unwanted and repeated phone calls; unwanted gifts, such as flowers or jewelry; unwanted waiting for the victim; "coincidental" appearance wherever the victim goes; threatening of the victim; false rumors about the victim; vandalizing, physical violence; stealing or destroying the victim's personal properties; killing victim's pet; and leaving written messages or objects. These forms of stalking behavior, when taken together can lead to physical and sexual assaults and even murder (Royakkers, 2000; (Kamphuis & Emmelkamp, 2000); Ashcroft, 2001; Stol, 2013). Cyberstalking is a new variant of stalking, commonly described as electronic pursuit, e-mail

stalking and internet tormenting. Although there is no universally accepted definition of cyberstalking, the term refers to the use of the internet (e-mail, Facebook, Twitter) to stalk, harass and threaten another person (Royakkers, 2000); (Stol, 2013). Anonymity is a great advantage for the cyber stalker. The majority of cyber stalkers are men, and the majority of their victims are women. Cyberstalking is a serious and growing problem and may foreshadow more serious behavior, including physical violence. In many cases it involves threats to kill, kidnap, or injure a person or damage his or her reputation or property (Ashcroft, 2001). Other forms of cyberstalking might include sending junk email or other emails on a regular schedule, sending viruses, electronic, identity theft and so forth (Van Der AA & Kunst, 2009; Kurst-Swanger & Petcosky, 2003).

4.10.5 Types of Stalking/Characteristics of the Stalkers

Most mentioned categories of stalking in scientific literature are:
Obsessional stalking which includes a. simple obsessional (psychopathic) and b. love obsessional (psychotic) stalking.

Erotomania: these stalkers are delusional, which means that they mistakenly believe that they are involved in ongoing relationships with their victims. The French psychiatrist de Clerambault defined eurotomia as a "psychose passionelle" (Kurt, 1995).

In simple obsessional stalking, (a.) generally speaking, some kind of real relationship exists or has existed between stalker and victim. This relationship does not necessarily have to be seen as sexual or intimate. It can be a relationship between friends, colleagues, neighbors or platonic. Usually, domestic violence falls into this category because it is a form of having and showing the power and control over the victim preventing the victim to leave the relationship (Sinwelsky, 2001; (Scott, Rajakarnuna, & Sheridan, 2016)). The psychopathic stalker normally suffers from a personality defect (Royakkers, 2000).

Love obsessional stalking (b.) does not involve earlier relationships. The reason for stalking a person in most cases is to establish a relationship. An example is stalking a celebrity and dreaming of marrying him/her even when they know that this most probably is not going to happen (Burke Draucker, 1999).

Erotomania (pathological form of love) stalkers are psychotic and delusional. They often suffer from schizophrenia or bipolar disorders and are not aware of their behavior (Royakkers, 2000). In addition, they become convinced that the victim loves them (Kurt,1995; Sinwelsky, 2001).

Recent studies mention another concept called "unwanted pursuit of intimacy." Unwanted Pursuit Behavior (UPB) occurs after break-up and significantly overlaps with stalking; however, there are two theoretical differences: 1. Stalking – in contrast to UPB – does not necessarily result from intimacy motives; 2. UPB – in contrast to stalking – does not per se cause fear or threat in the victim.

4.10.6 The Impacts of Stalking on the Victims

Stalking is a considerable public health issue, and it causes great harm to victims (Blaauw, Winkel, Arensman, Sheridan, & Freeve, 2002). Stalking has several effects: economic and social, but also physical, psychological or psychiatric consequences. Victims experience economic and social difficulties and financial losses, because they have to quit jobs or stop attending school, move to another residence, change names, change their appearance, avoid social activities, take additional security measures for their home, change job hours and work hours, and legal proceedings (e.g., protective orders) (Korkodeilou, 2016; Vanbelle, 2010). The consequences of stalking are victims' change as a person, they become nervous, fearful, angry, paranoid, sad, restless, feel tension and can't sleep (insomnia). Many stalking victims become frightened, extra cautious, less outgoing. They experience excessive tiredness or weakness, frequent headaches and nausea and post-traumatic stress symptoms (Blaauw, Winkel, Arensman, Sheridan, & Freeve, 2002).

Stalking can cause significant disruption to their targets' everyday lives and force them to make changes in their lifestyle like changing their telephone numbers and daily routines, changing jobs etc. It often deteriorates the victim's quality of life and causes fear, anxiety, distress, depression, anger and distrust (Burke Draucker, 1999). However, when filing a complaint or seeking for attention and help for this problem at the police, victims complain that they were met with disbelief, disrespect, and complete inaction (Marval A. , 2013). Not only police officers, but even family, friends, colleagues and court officers often do not treat the victim in a serious or appropriate way because the victim was involved with the stalker before, so it is seen "as sort of friendship."

4.10.7 Used Method and Materials

For developing the questions used for measuring the prevalence of Stalking in Aruba, the Stalking Behavior Checklist (SBC) by Coleman, the study on this topic executed by Van Der AA., & Kunst (2009) and also the study executed by Tjaden, & Thoennes (1998b) about Stalking in America were used.

4.10.8 Measuring the Prevalence of Stalking

All the participants could answer these questions. There will be two presentations of the results: the first one containing the answers of all participants, the second one containing the answers of those participants who also answered the questions on IPV.

Measuring the prevalence of stalking was introduced as follows: The following questions are about stalking by ex-partner(s). Stalking behavior causes feelings of implicit threats of violence to the victims.

The prevalence of stalking was measured by six dichotomous questions (YES and NO). The respondents were asked to answer the following questions: Have you been a victim of any form/type of stalking mentioned below in the past five years? 1. Have you had unwanted followings by an ex-partner; 2. Have you had unwanted approaches by an ex-partner; 3. Did an ex-partner wait for you when you did not want that; 4. Did an ex-partner send you unwanted

messages (letters, post cards, e-mails, flowers or telephone calls) 5. Did an ex-partner spread false rumors about you using social media (Facebook, Twitter, etc.); 6. Did an ex-partner cause destruction to your properties (house or car)?

The reliability statistics index of these six questions was measured using Cronbach's Alpha, which was .86, meaning that this set of items is closely related as a group and being above .8 they showed good reliability (Baruch, 1999).

4.10.9 Experiences of Stalking without IPV

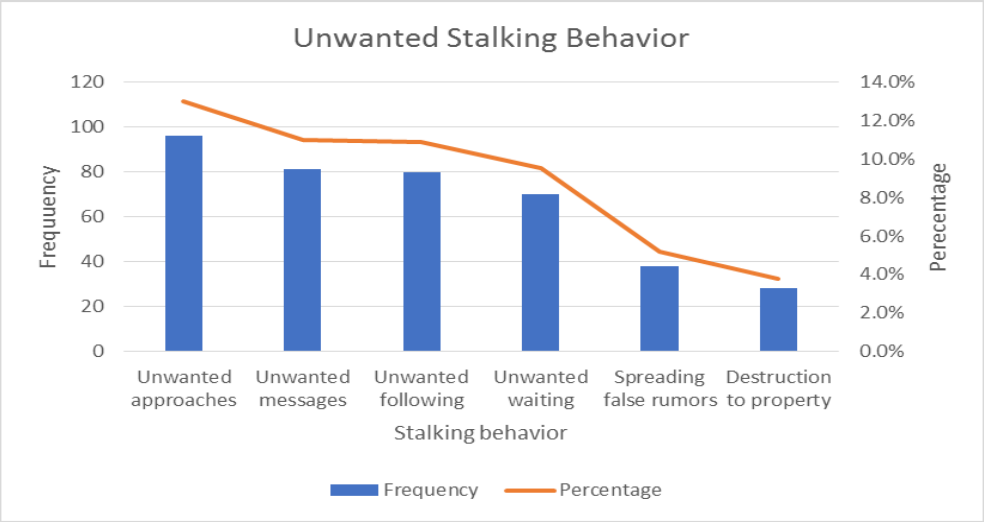


Figure 22: Unwanted Stalking Behavior

Results experiences of stalking without IPV

In total 137 (18.07%) of the participating respondents answered that they had experienced one or more form of stalking, meaning that one out of six respondents have experienced one or more forms of stalking:
96 (12.66%) of the participating respondents answered that they had experienced unwanted approaches by an ex-partner.
81 (10.69%) respondents answered that they had experienced unwanted followings by an ex-partner.
81 (10.69%) of the participating respondents answered that they had received unwanted messages from an ex-partner.
70 (9.23%) of the participating respondents answered that they had experienced unwanted waiting by an ex-partner.
38 (5.01%) of the participating respondents answered that their ex-partner had spread false rumors about them.

29 (3.83%) of the participating respondents answered that an ex-partner had caused damage on their property.

In conclusion, the form of stalking with the highest prevalence was being approached unwantedly, followed by receiving unwanted messages, unwanted waiting, spreading false rumors and the least mentioned was causing damage to properties.

When observing the questions more closely we notice that they can be split in the first four questions, referring to a lighter form of stalking and the last two questions referring to a more severe form of stalking. The "lighter" forms of stalking are mentioned more by the respondents than the "severe" forms.

Frequency of stalking without IPV

The frequency of stalking was measured by asking the next question: Can you indicate how often this happened?

1. Less than once a week; 2. 1-3 times a week; 3. (almost) every day; 4. More than once a day.

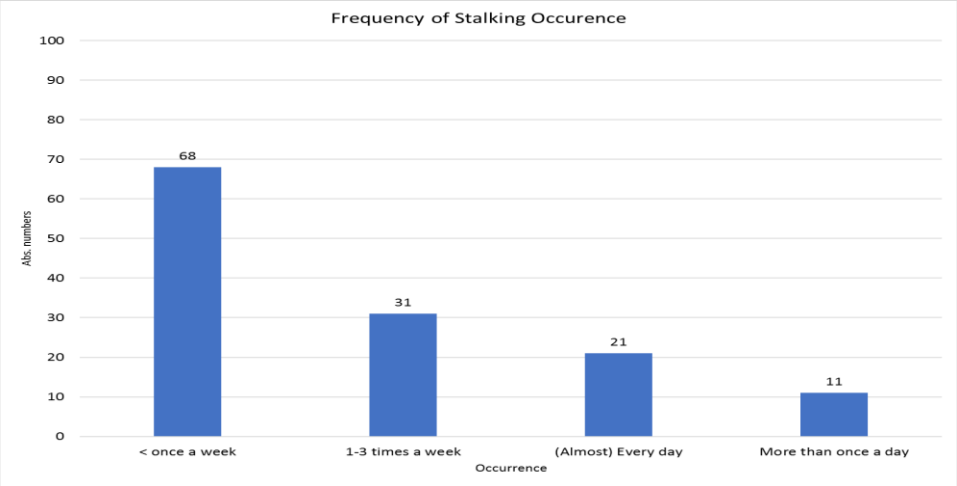


Figure 23: Frequency of Stalking Occurrence Without IPV

One hundred and thirty-one respondents answered this question. The most reported frequency of stalking mentioned is 'less than one week' (68, 51.91%), followed by '1-3 times a week' (31, 23.66%), followed by '(almost) every week' (21, 16%), followed by 'more than once a week' (11, 8.40%).

Duration of stalking without IPV

The duration of stalking was measured by asking the following question:

Can you indicate in months how long these unwanted acts took place? _____months.

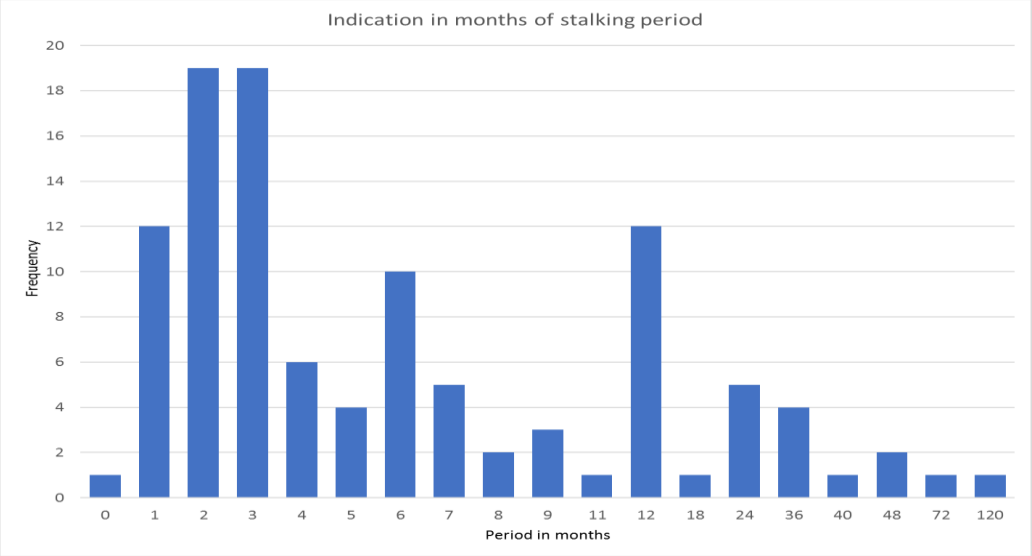


Figure 24: Duration of Stalking Without IPV

Duration of stalking without IPV:

Out of one hundred thirty-seven, 110 (80.29%) respondents reported the duration of stalking in months of stalking. Because the number of months mentioned by the respondents ranges from 1-120 months, the quantities reported were categorized into 2 groups, a group that experienced stalking between one and six months and a group that experienced stalking for seven months or more. The results were as follows:

< one month to 6 months of duration: frequency ranges from 1- 19 respondents; 7 to 12 months of duration: frequency ranges from 5 to 12 respondents; One stalking case was reported that lasted 18 months (1½ years); 5 stalking cases that lasted 24 months (2 years); 4 stalking cases that lasted 36 months (3 years)1 stalking case that lasted 40 months (3 years and 4 months); 2 cases that lasted 48 months (4 years); 1 case that lasted 72 months (6 years) and 1 case that lasted 120 months (10 years)! The most mentioned duration period of stalking was 1-6 months.

Which form of stalking caused more fear (without IPV).
The women were asked to choose out of the six stalking behaviors already mentioned, only one form of stalking behavior that had caused them more fear.
Which form of stalking caused you more fear? Please choose only one.
1. unwanted followings, 2. unwanted approaches, 3. unwanted waiting, 4. Unwanted messages, 5. false rumors (using social media), 6. destruction of property.

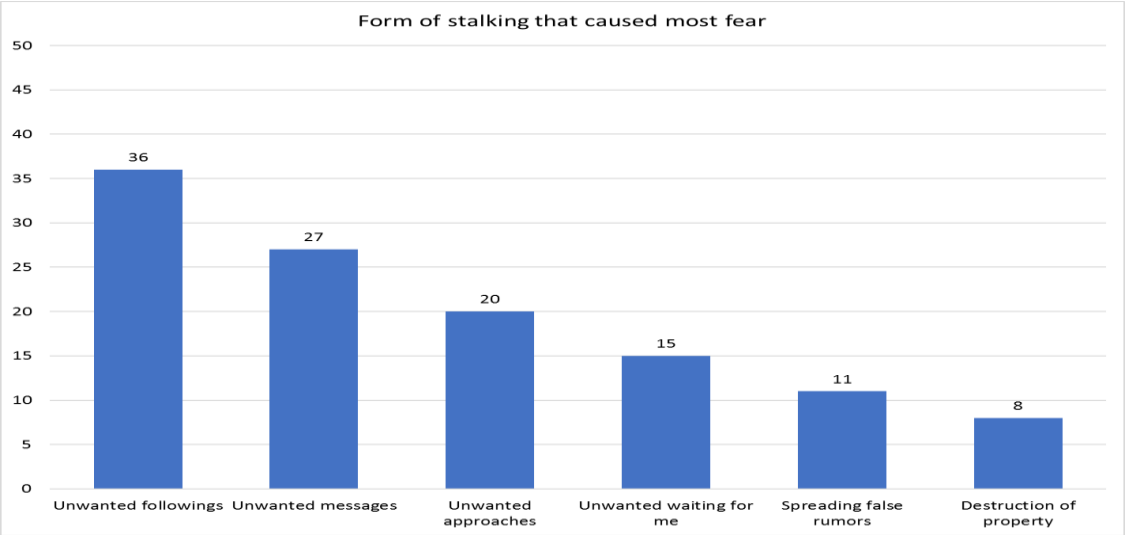


Figure 25: Form of Stalking that Caused More Fear

Stalking that caused more fear (without IPV):

A total of (117, 18.25%) respondents out of 641, answered as follows: (36, 30.77%) respondents reported that the form of stalking behavior that had caused most fear was unwanted followings; which was followed by unwanted messages: (27, 23.08%); followed by unwanted approaches: (20, 17.09%); followed by unwanted waiting: (15, 12.82%); followed by spreading false rumors: (11, 9.40%); and as last one destruction of properties: (8, 6.84%). Not reported: (42, 35.90%).

Reason choice of stalking behavior that caused more fear (without IPV):

A total of 73 respondents wrote down a reason explaining why and when they experienced most fear. Of all the stalking behaviors, a total of 36 respondents (49.32%) wrote that unwanted followings by their ex-husband/partner caused more fear. Why? Some of these reasons were:

“Because during the divorce he approached me and intimidated me or tried to get back together; Because he took away my safety of not being followed; I could not leave the house calmly because he would follow me. I was so afraid that I came to live here because he threatened me; I didn’t know what his intentions were when he approached me; It’s a little scary to even think about someone following you; Because you don’t know what he is capable of doing; He threatened me that he would hurt me if he saw me alone on the streets; Because he is a violent person; He followed me even though he knew I didn’t want to speak with him; Because he invaded my privacy”.

The non-response of duration of stalking in correspondence to the frequency of stalking:

Something that caught the attention was that 131 respondents answered the question on the frequency of stalking and 110, thus 21 respondents less, answered the question on the duration of stalking, while the latter followed the first one directly. To find out what caused this difference, the number of respondents answering this question was rechecked and the result was as follows:

less than once a week: 14 respondents; 1 – 3 times a week: 4 respondents; more than once a week: 2 respondents; and almost every day: 1 respondent.

This outcome shows that there were 14 respondents who were stalked less than once a week. Since the most nonresponse of duration falls in frequency category 'less than once a week' and because the question asked was to express the duration of stalking in terms of months, the victims might have considered it difficult to express this in a quantity of months. Another possible explanation is because the time being stalked was short and they could not remember how long exactly the stalking took place.
The reason why the more frequently stalked respondents didn't report the duration of the stalking even when the frequency was higher is not known, but it might be because of the same reason, namely that the period of stalking was short.

4.10.10 Experience of Stalking Linked to IPV

After knowing the abovementioned results of the total number of respondents who had experienced stalking by their ex-husband/partner without suffering IPV, we were curious to know how many of the respondents also had experienced Intimate Partner violence. The outcome was as follows:

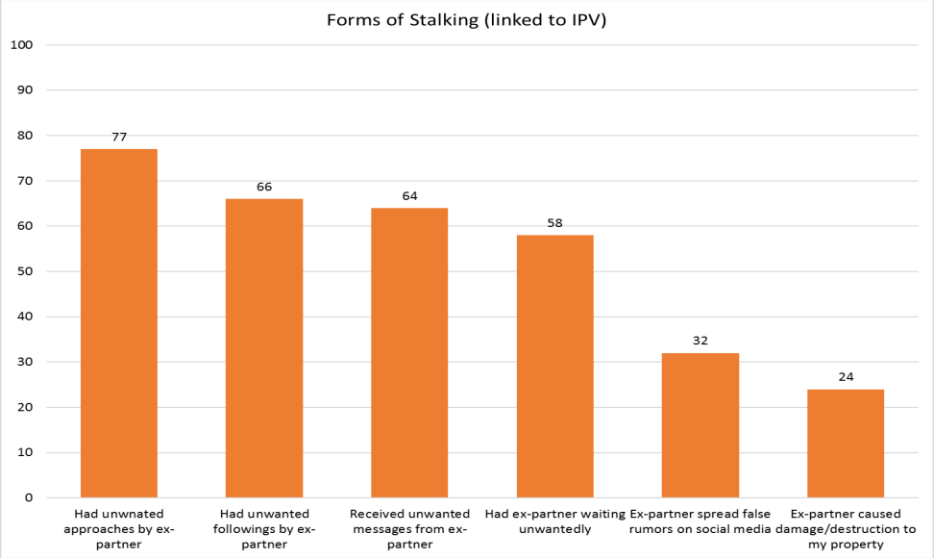


Figure 26: Forms of Stalking linked to IPV

Results experiencing of stalking with IPV:

A total of 109 respondents (24.10%) who experienced IPV also experienced stalking. Out of this total, 77 (23.99%), had experienced unwanted approaches together with IPV; 66 (19.94%), reported having experienced IPV and also unwanted followings by ex-husband/partner; 64 (19.94%), had experienced IPV and unwanted messages; 58 (18.09%), had experienced IPV and unwanted waiting; 32 (9.97%) had experienced IPV with spreading false rumors; 24 (57.48%) had experienced IPV with destruction of property.

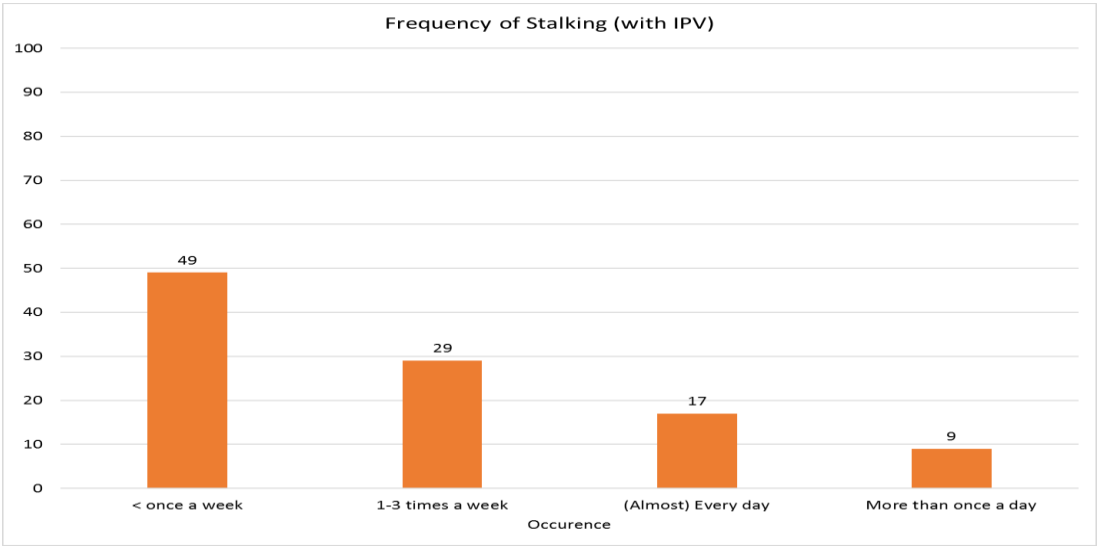


Figure 27: Frequency of Stalking Linked to IPV.

Results of frequency of stalking linked to IPV. 104 respondents answered as follows: 49 respondents answered 'once a week'; 29 respondents answered '1-3 times a week'; 17 respondents answered '(almost) every day and nine respondents answered 'more than once a day'.

Duration of stalking with IPV

The duration of stalking was measured by asking the following question: Can you indicate in months how long these unwanted acts took place? _____months.

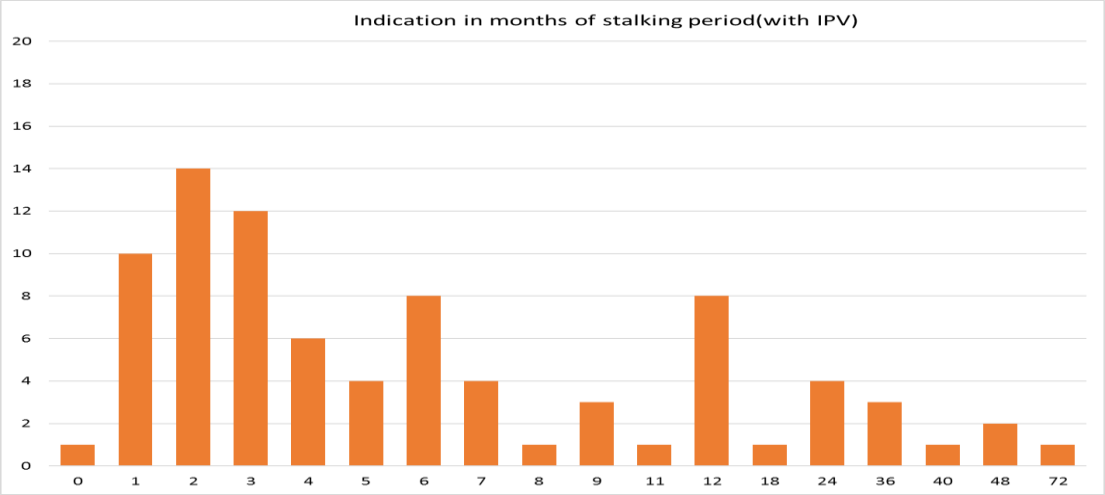


Figure 28: Duration of Stalking Linked to IPV

Results Duration of stalking linked to IPV.
A total 85 respondents reported the duration of stalking. Because the quantity of months mentioned by the respondents ranged from 1-72 months, the quantities mentioned were arranged as follows: 1-12 months and the last six quantities are mentioned separately because each one represents a large duration expressed in months:

Less than a month – 12 months: (10:1month; 14:2m; 12:3m; 6:4m; 4:5m; 8:6m; 4:7m; 1:8m; 3:9m; 1:11m; 8:12m); 1 stalking case duration of 18 months or 1½ year; 4 stalking cases that lasted 24 months or 2 years; 3 stalking cases that lasted 36 months or 3 years; 1 stalking case lasted 40 months or 3 years and 4 months; 2 stalking cases lasted 48 months or 4 years and one stalking case lasted 72 months or 6 years. One respondent answered that she didn't know.

Which form of stalking caused more fear (with IPV).

The women surveyed were asked to choose out of the six stalking behaviors already mentioned, only one form of stalking behavior that had caused them more fear.

Which form of stalking caused you more fear? Please choose only one.
1. unwanted followings, 2. unwanted approaches, 3. unwanted waiting, 4. unwanted messages, 5. false rumors (using social media), 6. destruction to properties.

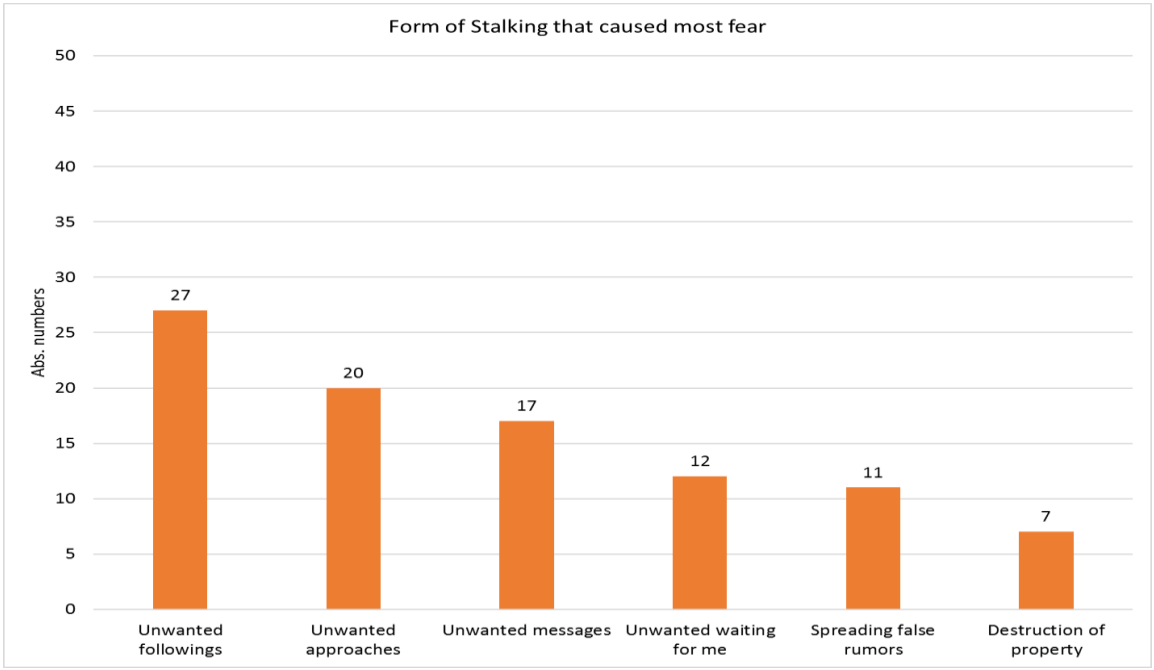


Figure 29: Form of Stalking Linked to IPV that Caused More Fear

Comparing results unwanted stalking behaviors with and without IPV

Stalking	Without IPV	With IPV
Had unwanted approaches by ex-partner	96	77
Had unwanted followings by ex-partner	81	66
Received unwanted messages from ex-partner	81	64
Had ex-partner waiting unwantedly	70	58
Ex-partner spread false rumors on social media	38	32
Ex-partner caused damage/destruction to my property	29	24

Without IPV: 96 = 70%; 81= 59.12%; 81 = 59.12%; 70 = 51.1%; 38 = 27.7%; 29 = 21.2%
With IPV: 77 = 70.6%; 66 = 60.6%; 64 = 58.7%; 58 = 53.2%; 32 = 29.4%; 24 = 22%
Comparing the two frequency measures: There is only a difference in the number of respondents but comparing duration of stalking: The only difference is that one of the respondents who did not answer IPV reported a duration of stalking of ten years while the largest duration mentioned in the group that answered the IPV questions is six years. Both groups reported unwanted following as the form of stalking that caused more fear.

4.10.11 Limitations

The measuring of the prevalence of stalking in Aruba in this national survey has its limitations. In the first place, this survey focused on men stalking women and not vice versa. Measuring the prevalence of stalking was part of this inquiry of violence against women by their (ex) husband/partner. In the second place, only six forms of stalking behavior by the ex-partner/ husband, the frequency and duration of the stalking, and which form of stalking caused more fear, were questioned. The reason of this choice is because literature on this topic mentioned stalking by ex-husbands/ partners more probable than by strangers, colleagues, neighbors, or other persons (Tjaden & Theonnes, 1998b; Van Der AA & Kunst, 2009). Another limitation is not having been able to do a study on 'cyber stalking.' Because of these limitations "mapping of stalking," with the aim to get a better view of stalking on Aruba, might be a better title than 'measuring the prevalence of stalking.

4.10.12 Discussion

Reading the study mentioned in the report on Handling Domestic violence in Aruba (Marval A. , 2013), only two cases of stalking were mentioned. Therefore, no high rates on stalking were expected. Seeing the outcome yielded by the survey, this can be considered as a surprise. This also indicates that stalking is becoming a serious social problem in Aruba. This is the first research on this topic in Aruba. A separate and more profound inquiry on stalking in general, on men and women, on cyberstalking using the social media might be very interesting and is necessary to determine the acute and long-term effects of stalking on individuals who have been targeted. Trying to get some cyphers of stalking cases registered by the Central Police office resulted in a disappointment because no stalking case had been registered. This research shows only the tip of the iceberg.

CHAPTER 5: QUALITATIVE STUDY: SIXTEEN INTERVIEWS WITH PROFESSIONALS ON THIS TOPIC

5.1 Introduction

The qualitative part of this research consists of sixteen interviews that have been conducted during the analysis and elaboration of the quantitative research. Initially, the plans were to interview at least fifteen participants separately who had participated in the quantitative study about their experiences with domestic violence and especially with partner violence. Twenty-two participants had volunteered to be interviewed in person by providing their name and phone number, but when they were approached after the quantitative part and they noticed that the interview would be recorded, twelve candidates withdrew. When asked about the reason they had withdrawn, they answered that they were afraid that the interview could be used against them. This was the reason for implementing an idea that had previously been overlooked, namely, to allow people who in practice come into close contact with problems that arise in cases of domestic violence and partner violence. Because a previous investigation had focused primarily on tackling this problem in the police, it was then decided to allow other institutions and individuals (professionals) to speak about this sensitive topic. This approach would broaden the focus on this problem and could provide other viewpoints to help find possible solutions to combat domestic and partner violence.

The choice to use the narrative form of interviewing was based on the fact that narrative interviews center on the stories told by the interviewees. Narratives emphasize the temporal, the social, and the meaning structures of the interview. The main role of the narrative interviewer is to remain a listener.

One of the purposes of a narrative interview is the *oral history* interview, where the topic goes beyond the individual history to cover communal "history"; here the interviewee is an informant, recording the so-called oral "history" of a community or an important part of the community in the form of governmental departments, foundations, and institutions (Kvale & Brinkmann, 2009).

Another important reason to use the narrative form of interviewing was the fact that the subjects participating as interviewees were professionals working in governmental departments and non-governmental foundations, who usually are very busy practicing their own profession and have little time left for an extensive interview. They prefer the questions being sent to them in order to be able to answer the questions when there is some space to dedicate time to answer the questions.

The object of this qualitative part is to collect data from professionals and other persons who due to their profession, are involved with resolving problems caused by domestic partner violence and child abuse. It is important to know not only how they handle the problem of the forms of abuse but also which social phenomena they encountered, specifically, which experiences, points of view, possible warnings, and recommendations to combat and prevent violence.

The interviews will appear, as much as possible, in the sequence of the paragraphs of Chapter 4, starting with a narrative regarding a case of intimate partner violence which expanded to domestic violence against the children. The second narrative regards a case of post-natal stress traumatic disorder caused by sexual abuse to a child perpetrated by her father and uncle. These two narratives are from two different women who sought advice for the domestic violence they had experienced. The third narrative has been contributed by a pediatrician regarding child abuse and is followed by a narrative contributed by the director of the Ortho-pedagogic Center. The narratives regarding the negative consequences of IPV to the health of the victims are a contribution of a family practitioner. The narratives accompanying chapter 4.7 are an explanation of a family therapist regarding the therapy used to treat domestic violence in the family and a narrative from the consultant of the White Yellow Cross Foundation about teen pregnancy and its consequences. Several instances and persons involved in these cases, such as a priest, a pastor, the foundation for relational violence and the person providing assistance to victims (Dutch: Slachtofferhulp) explained their experiences and efforts offering help in some narratives. The last interview is an interview with a lawyer and the head of the Detective Sector regarding stalking.

The questions are oriented towards the practice of the different professionals. Each professional has his/her own way to handle the above-mentioned problem and to give counsel/advice or to refer a person for special treatment. At the end of this chapter the most important data, remarks, and recommendations will be summarized and analyzed looking especially for points in common.
The participants received six key interview questions, but room was also offered to give these institutions and individuals the opportunity to put forward their own thoughts and any points which, in their opinion, deserve attention and their own ideas for possible solutions. These six questions are as follows:

1. What is your work and what is your approach in handling the problem of domestic violence (DV) or Intimate Partner Violence (IPV)?
2. Who are your clients/patients?
3. Who sent the clients/patients to you?
4. How do you handle/treat the victims' problem?
5. Are there some special recommendations you would like to give to combat DV/IPV?
6. Is there something special you would like to add to this interview regarding this problem?

5.2 A Case of Partner Violence and Domestic Violence Against the Children

Sylvia and Mario were attracted to each other from the first day they met. Mario was born in a South American country and had to learn to speak Papiamento when he came to Aruba looking for a job. Here he met Sylvia at a party and fell in love with Sylvia and Sylvia also fell in love with him. When people are in love, it is easy to learn to speak a foreign language and soon Mario had a job. After a year of being engaged and having made plans for the marriage, they decided to marry in Mario's native country because it was easier for her family to travel than for his family. The young couple started to build their own house with enthusiasm. Sylvia had continued with her

study and Mario started also with a study in electricity. The first baby was announced, and everybody was happy with the newborn boy. After some years a baby girl was born, and everyone was happy like in a fairy-tale. But then Sylvia noticed that Mario was changing. Sometimes he would snarl at her. Then he started to snarl at the children too and there were no more outings to the park or movies or to a fast-food restaurant where they could play. Sylvia tried to talk with him about his behavior towards her and the children, but nothing helped. On the contrary, he started to slap her and the children and to yell at them. Every time it was becoming worse, especially against his son John whom he started to beat with tree branches. Sometimes he would try to beat Mary, his daughter, but John would not permit that to happen and, he would stand in front of his sister to protect her. Sylvia's intervention made him furious. One day on John's fifteenth birthday instead of having a nice evening and birthday celebration, Mario started complaining that his family had become a free for all and he grabbed a broom and went toward John. John took a knife from the kitchen and yelled to his father that if he abused his mother, him, or his sister, he would kill him. That made Mario leave the house. For Sylvia this was a sign that it had been enough, and that this situation could not continue like this because it had become more dangerous for herself and her children. She decided to file for divorce.

While the separation was being discussed with the lawyers, a female member of Sylvia's family spoke out and declared that Mario had abused her sexually. This news became a scandal in the family. A separate complaint was filed against Mario. This complaint could be proven and Mario himself admitted this punishable act. He was condemned to one year in prison, but after ten months he was free to go. No one had warned Sylvia, not her lawyer or his lawyer or the Office of the Prosecutor. A police officer who lived nearby called her and told her that Mario was on his way home. Sylvia called the police office and her lawyer who demanded a restraining order prohibiting Mario from entering the house or from being in the neighborhood. The reason that the restraining order could be provided was because both children were being treated by a psychologist who had noticed that John had been affected severely by the beatings of the father. He had protected his sister from being beaten or abused. She was afraid of being near her father but had no severe traumas.

The divorce verdict did not take that long, but the fight regarding the division of property took more than four years. Not only John, but also Sylvia and Mary were treated for two years by a psychologist. The fear of Mario approaching them is still unbearable. Both children have lost one school year and Sylvia was not able to work for two years. They left their house and are living in an apartment, waiting for their house to be sold in order to receive their part. They also are planning to move to another island or the Netherlands to start a new life and to try to forget that this drama happened in their life.

5.3 A Case of Domestic Violence and Sexual Abuse as a Child

One Sunday afternoon I got a call from an ex-student who asked me if I could receive her at my house because she needed advice as soon as possible regarding an incredibly sad case. From

experience I knew that this almost certainly had to do with problems at home. It could be problems with a partner or with a child.

I saw Sandra at church every Sunday and I knew the family. When she reached my house, she immediately started talking about something sad that was happening in her son's and daughter-in-law's marriage. This relationship had started in a nice and romantic way, although her husband and Sandra had noticed that Mari-Luisa, their son's fiancée, was a very shy and reserved young woman, who never said anything spontaneous, but always nodded her head in a submissive way to indicate that she agreed. The wedding took place, and a baby was expected within a year. Her family had noticed that Mari-Luisa's family had not been involved in the preparation of the wedding at all. Everyone also noticed that the young mother did not prepare for the arrival of the baby. She didn't buy baby clothes or baby supplies and didn't react excitedly when invited by her husband or in-laws to go shopping for the baby. She didn't have many girlfriends of her own, just a cousin about the same age. She had not finished the MAVO (Secondary School) either and never spoke about school. Her mother-in-law, Sandra, thought that this was strange, but still bought some baby clothes and things the baby was going to need together with her son.

The real problem began when the baby was born. Mari-Luisa was acting strange, and it was as if Mari-Luisa was not happy with her baby. During a conversation with the family doctor, Sandra discussed this with her. The family doctor said she had also noticed that Mari-Luisa was very shy and that it was as if she was not even aware of what was happening in her life. The baby was put to her breast and Mari-Luisa started to complain that it hurt and that she wanted to feed the baby with the bottle as soon as possible instead of breast feeding. The family doctor told her that breastfeeding was the best feeding for the baby and also good for bonding between mother and child. Her mother-in-law agreed with the family doctor. It was as if the family practitioner was talking to the wall and both women noticed that Mari-Luisa was completely "absent." The family doctor provided a letter for the White-Yellow Cross Foundation, which is the foundation that takes care of Mother and Child and explained that this foundation would guide Mari-Luisa with the nutrition and overall care of the baby. Mari-Luisa went faithfully with her mother-in-law to the White-Yellow Cross. The nurse at the White-Yellow Cross and Sandra noticed that Mari-Luisa did not play with the baby or didn't hug or kiss her. It was like she had a doll on her lap. Something strange was also the fact that her family had not even been to meet the baby girl or to congratulate her and bring a gift which is usual on the island. Sandra also made these comments to her son, who told his mother in confidence that his wife had absolutely no contact with him. They lived like two strangers and the strangest thing was that Mari-Luisa did not want him to lift or cuddle the baby and certainly not to change her diaper.

One day, the young father had enough and shouted to his wife that she was a strange person. Mari-Luisa started defending herself by saying that she did not want her baby to experience what had happened to her. Now her husband wanted to know WHAT had happened to her and during the

quarrel she told him that both her own father and uncle had sexually abused her as a child and into her teens. Her mother knew about it but did not protect her because she was afraid of both her husband and brother-in-law, especially when they had been drinking, because then they became aggressive. Her husband, startled by this story, went to hug her, which Mari-Luisa did not allow. He assured her that he loved her and would always protect her and that he would go to the detective's office in the morning to file a complaint. This caused Mari-Luisa to faint. The young father called his parents to help him. Mari-Luisa was taken to the emergency room. There the whole sad story was told again and in between tears they talked about the steps to follow. The family doctor then referred Mari-Luisa to a psychologist, and he explained that they were dealing with post-natal stress syndrome caused by an underlying trauma caused by the sexual abuse Mari-Luisa had experienced since childhood. He also warned them that this treatment would be a long special treatment to get her out of this trauma and her husband and his parents had to help by showing a lot of patience and surrounding her with love and especially involving the baby so that she could treat the baby as a loving mother.

The young father went to the Detective's office to file a complaint against Mari-Luisa's father, her uncle, and her mother and the police took them to the detective's office to be questioned. It became a trial and Mari-Luisa's father, uncle, and mother were arrested. This was kept secret to Mari-Luisa because of the treatment she was receiving. In order to get out of that trauma she would be confronted gradually with some events from her childhood, which could cause flashbacks. This led Sandra to disagree with the method they were using to treat Mari-Luisa. She wanted the psychologist to stop confronting Mari-Luisa with her past because she was making positive progress and these positive results would be nullified by the drawbacks. The reason of her visit was exclusively to ask me to intervene to stop that treatment. I did my best to explain to her that Mari-Luisa had to go through this process completely in order to be able to heal totally in order to become a normal person and live a normal and a happy life with her husband and daughter.

I haven't seen Sandra, nor her husband nor Mari-Luisa or the baby since, not even in church. I suspect that they have moved to the Netherlands to start a new life there, where no one knows them or what had happened to Mari-Luisa. Maybe they believe that it will help Mari-Luisa to heal. I sincerely hope they will succeed.

5.4 Interview with a Family Doctor

This family doctor started answering the questions by saying, that of all the patients she receives in one month at least one patient will mention abuse by her husband/partner or by one of her children. The number of complaints is also increasing because I started to question some bruises or injuries. I have noticed by asking in a more active way. Which signals give me an indication that something is going wrong? Physical signals, such as headache, a lot of stress, symptoms of emotional traumas such as crying, depression, and some symptoms I cannot explain. The so-called "sexual" symptoms are pain in the lower abdominal area, pain when having intercourse, and lack of libido.

When I suspect that something wrong is going on, I start to ask questions and I take the time to listen and create space for a person to tell her story. If results are that indeed there is partner abuse, I begin to evaluate the situation and start thinking which instances can be recommended. I help in giving a telephone number of the Foundation for Women in Need, now called the Foundation for Relational Problems. I also advise concerning safety of the patient and her family or advise to ask for police intervention. In certain cases, I have even written a letter as a family doctor to the police declaring that this person is in danger. And when it concerns a case of child abuse, I have even called the police. I send patients to the Department of Social Affairs when the problems are social problems about financial aid and housing.

The kind of medicine I give depends on what the patient is feeling or complaining about. If it is to treat depression, I will prescribe anti-depressants. Sending the patient to a psychologist or a psychiatrist is also possible and depends on the circumstances. It is a pity that the AZV (health care insurance) does not cover the cost of treatment by a psychologist, only for civil servants. When it is a case where suicide is possible, depression or post-traumatic stress syndrome, I will refer the patient to a psychologist.

Factors that trigger violence are alcohol and drug abuse. Children that experience domestic violence are likely to become perpetrators too. Children that are raised not only seeing violence but also internalizing harmful feelings such as anger, are also likely to become perpetrators. In my work as a family doctor, I notice a lack of dedication in the upbringing of the children, especially when they are teenagers. Parents think that only material objects matter. Many people think that to maintain peace in the family, it is better to tolerate acts of power abuse and disrespect for women.

My wishes are that AZV will cover psychological aid; that The Policlinic for Children and Youngsters will be more accessible (the waiting list is too long); and that Social Aid gets more professionals for psychological aid and that every school has the aid of a social worker.

5.5 Interview with a Pediatrician

In the first place, I have to say that I am not speaking for myself as a pediatrician but also on behalf of the committee against child abuse.
My patients are children from birth to fourteen years old. I am a pediatrician and I deal with this age category.

Family doctors are normally those who send children to me for different cases, but also when they suspect that it is a case of child abuse. This is especially the case with the Emergency room. Other medical disciplines also send patients, but in smaller numbers.

When we suspect that it is a case of child abuse due to symptoms of abuse, we discuss the case in our commission against child abuse. Afterwards we will discuss this particular case with another

colleague and then a decision is made about who will handle the case. When we have resolved the case from the medical view, we will direct it to another stakeholder within the social circuit and we will close the case.

When we discover or suspect that there are signals of child abuse, we send the case to the committee against child abuse. We discuss all the cases, and they are divided between the members of the commission. The member of the commission that has been appointed to take care of this case will also take care of the further procedure, calling the patient's parents or caretaker for an appointment. There will be another meeting to discuss the case and we will refer it to another stakeholder outside the hospital or we close the case if it is already being taken over by another stake holder.

Special recommendations that I would like to give to prevent or combat child abuse are to learn the signals to recognize child abuse. Always check twice and if you see signals immediately call the central point for child abuse, which is Bureau Sostene Mi (The Center for Child Abuse).
Child abuse is an actual topic every day. This means that each and every one of us needs to know signals of child abuse and know also where to call when there are signals.

5.6 Interview with the Director of the Ortho-Pedagogic Center

The Ortho-Pedagogic Center Aruba (OC) is a residential and semi- residential governmental organization that resides under the Ministry of Justice. It has three buildings which ultimately can provide 24-hour service to 52 youngsters in total. It provides shelter, guidance, and therapy to boys and girls from the ages of 12 to 18 years that are not able to live in their own home and with their parents and/or caretakers due to several severe circumstances.

These circumstances are, for example, neglect; physical, psychological, and sexual abuse; behavioral problems; no structure and guidance by the parents; or illegal status.
At the 'OC' like it is called, the girls and boys are on separate wards and are being observed by trained group leaders who are working in different shifts and therefore there is guidance present 24 hours per day all year long.
What we know based on experience is that most of them come from a home where there is no structure at all, with family consisting of one parent, almost always the mother, and family where abuse takes place almost every day.

At the Center we have youngsters that are interned because of bad behavior but there are also youngsters who were interned because they are illegal on the island, which was caused by abandonment by their parents who left to their native country and these youngsters had no place to stay. There are also youngsters who had to be taken in because the situation at home was far from being healthy or safe. To give an example, because the parents or the youngsters or both used drugs.

When the youngsters reach 18 years of age, they do not have to leave the Center immediately. It depends on the youngster being ready for dismissal or because they have a place to stay. This is being evaluated periodically by the multidisciplinary team of the OC and, also during meetings about the development of the youngsters.

The youngsters who finish their treatment can leave the Center to go to live with their parents or with one of the parents or on their own. Only in cases when a youngster has not followed the rules of agreements (like the prohibition to bring drugs to the Center) several times, will that youngster be dismissed immediately. Sometimes it happens that the youngster does not have a place to stay and that is why it takes some hours before he/she can leave to his parents or one of the parents or to a member of the family or a caretaker.

What I think is a pity is that when a youngster is addicted to drugs or alcohol, he/she must go first to an intervention institute to kick off first before being interned in OC. The reason for this is because we are not specialized in handling this problem. These are the cases with youngsters who have psychiatric problems. We cannot take them in because we are not specialized nurses in psychiatric treatment. We are not specialized to give them any kind of medicine or an injection. A special or specific facility/institution for treatment of these youngsters is highly needed.

We pay a lot of attention in training our pedagogic personnel because our opinion is that continuous professional development is the biggest tool that a worker can have to be able to work with these youngsters. We do our utmost to succeed in this and we honor the ideas of our workers for special projects for our youngsters.

The youngsters pass through several phases at the OC before setting up a therapeutic plan that can involve individual conversations with the in-house psychologists and group sessions such as how to control anger, emotional balance, social skills and moral values. Also, the youngsters attend several activities outside the OC such as football, ballet, art classes, etc.
They attend schools of different levels outside the OC and if needed the OC offers them extra guidance on certain school subjects in the afternoon hours by trained teachers.
The ultimate goal is to either place the youngsters back with their parents or guardians or prepare them to live an independent life when they reach the age of 18 years.
This is, of course, after they have completed the program offered in OC and after guidance of the situation at home by the official placement authorities such as the Guardianship Board, the Department of Social Affairs or Fundacion Guia Mi.
The OC also offers a non-residential program. This program offers interventions daily and after school hours as a way to prevent further escalation of a problematic situation at home. This program is only accessible through the official placement authorities as mentioned above.

The OC has a staff consisting of a head of the department, general coordinator, coordinators of the different wards, psychologists, social workers, physical education teachers, activity leaders, group leaders and senior group leaders, drivers and a cook.
All current group leaders are trained group leaders and are also certified as YOUTURN trainers, a method based on social skills and the American methodology EQUIP.
The expenses of all operations are covered by the government of Aruba, specifically the Ministry of Justice.

5.7 Interview with Teen Mothers' Consultant at the White Yellow Cross Foundation

The White Yellow Cross Foundation is a foundation that takes special care of babies, especially newborn babies in feeding, vaccination, how to bathe and clean the baby, and they also weigh the baby to know if the baby is getting enough food.
This foundation has also a special service for sick, diabetic and elderly people at home, such as washing and cleaning them, giving them their medication or injections. The last ten years when they noticed that there were many young girls getting babies, they started a new service especially for young mothers and their babies.
In our work/approach, our main concern is to create a safe and healthy development for the future of the youth of Aruba. We help and guide the young mothers during and after their pregnancy. We also try to prevent a second pregnancy.
Domestic violence and intimate partner violence are topics that we do encounter with this group. We also encounter child neglect/child abuse, child sex workers, rape, drug and alcohol abuse.
Our clients are teenage girls, ages ranging from 11 years to 19 years of age that get pregnant and give birth to a child.

The section Teen Mothers from the White Yellow Cross Foundation has very good communication with different organizations that help with this cause. The midwives on Aruba give us a direct report for every teenage pregnancy that enters their clinic. The social workers at schools give us a direct report when they encounter a teenage pregnancy. We also work directly with Dienst Sociale Zaken and Dienst Voogdijraad (Department of Social Affairs and the Guardianship Board) for when they encounter a teenage pregnancy in order to work further on the case together.

At the section regarding Teen Pregnancy of the Yellow Cross we have preventive care and curative care. The preventive care that this section gives is through information. We have long conversations with the teenage girls, with their partners, families, and schools. We give birth control to the teenagers. The main objective is to lower the number of teenage pregnancies. When the teenage girl becomes pregnant, we move from preventive care to curative care. The objective of the curative care is to create a safe and healthy environment for the future of the youth of Aruba. Since 2013 when the Yellow Cross Foundation started with a teenage pregnancy prevention campaign, the total number of teenage pregnancies in Aruba has lowered. The campaign is called "Biba Amor" which implements sexual education at school. The sexual education program is given

by Famia Planea (Foundation of Planned Family). They take care of the wellbeing of the sexual health in Aruba.

Are there some special recommendations you would like to give to combat teen pregnancy, domestic violence and intimate partner violence? My advice would be to talk about it, speak up and don't be afraid to seek or ask for help. You can freely and safely contact your social worker at school; you can call Telefon pa nos Hubentud (Youth Help Line), Telefon pa Mucha y Hoben, Telefon pa Hende Muher den Dificultad (Tel for Women in Need) and Tienda di Educacion (Shop for Education).

Something extra that we would like to mention is that most of these problems are generational problems. For example, the mother and father are drop-outs, are using drugs and alcohol, or they themselves have had a teenage pregnancy and so the cycle continues. Their next generation will not be motivated to finish school, find that doing drugs and alcohol are of the norm, believe that having multiple teenage pregnancies is okay and always depend on governmental allowances to support them.

The teenage mothers in Aruba are not financially stable, have an unstable future perspective for them and their child, and most of them don't have a stable support system. The big picture is that there are more dropouts, more drug and alcohol users, and the level of intelligence of the Aruban population is deteriorating.

This is what we, from the Teen Section White Yellow Cross Foundation and other organizations with a lot of love and patience try to prevent on a daily basis.

5.8 Interview with System Therapist of Department of Social Affairs

The Department of Social Affairs is a governmental department with several sections, such as sections for social security (welfare payment), a lawyer paid by the government, and other social aids. This system therapist works together with another system therapist at the Section Life and Family.

I work as a system therapist at the Department of Social Affairs. Generally speaking, my work consists of guiding the team of Section Life and Family. I have been the acting director since 2018. Most clients/patients are sent to us by family doctors, other social workers working at different governmental departments or foundations or schools. Some are sent by the Guardianship Board and Fundacion Sostene Mi (Help Center to report child abuse) and sometimes by the Rehabilitation Board. Besides this I give therapy to families and partners. I also work on prevention by giving presentations and workshops on topics regarding family and partners. In 2018, I wrote a curriculum on violence between partners. Together with The Instituto Pedagogico Arubano (IPA), which is the teacher's training School or the Educational Training College, we try to train the teachers on this topic with the intention to bring awareness of this problem to secondary schools' students.

How to approach a problem of domestic violence depends on the questions for aid that the family or the partners need as a solution to their relational problems. My therapy is based on systematic intervention (post-doctorate training 'System-therapy'), which means that I guide the partners to look for a solution for their own problems.

These last years I noticed that there is a shift regarding the role pattern of man-woman relations, which has changed considerably. Years before you could notice that the role of the woman and that of the man were very clearly distinguished. Men had a lot of freedom to do what they wanted without having any consequences. Formerly domestic violence occurred almost daily, and women had to carry their cross, and the role of religion demanded that from women. Nowadays it looks like we have paid quite a lot of attention to the emancipation and empowerment of women, neglecting at the same time to offer aid towards the men. Women have grown more in social and emotional ways while men have stayed behind. We see shifts in education such as women studying nowadays more than men. Actually, many women complain that there are not many interesting men in Aruba, which may be interesting to be investigated.

Domestic violence occurs in a circular and destructive pattern. We teach the couple how to detect this pattern in order to be capable to break this destructive circle. We teach people how to detect and guide their emotions in a positive way (anger management). Nowadays we see at our office more men looking for help because they recognize that they have emotional, relational, or psychological problems, especially when their partner leaves them, and they become desperate. I think that this causes men to have problems with alcohol and drug abuse and suffer with anger. I think that this may be a way of "coping." Again, they have not learned how to manage their emotions of anger and frustration and that is why this many times ends in violence.

Points of interest especially regarding the social crisis in Aruba are that we have to pay more attention to the situation at home and at schools and teach our people more social skills. We have to offer help in a more systemic way, because we all form a part of a system. Individual help most of the time does not have the result we wish. We need to start teaching at school how to choose healthy relations. In most of the cases when kids show behavior problems, it is because there are problems between the parents and between the parents and the children. Just take a look at the quantity of separation and divorce. And because of divorce, there are more mixed families in Aruba and children grow up in literally two homes/households because both parents have consensual authority.

Another problem that we have in Aruba is the amount of incest cases. Personally, I think that this is inter or transgenerational. There are certain districts known for incest and it goes from generation to generation. Many people do not accept that they have a trauma caused by sexual abuse and they repeat the same abuse against children of their own family. Many people have not received a healthy sexual education. If this cycle is not broken and adequate help is not given, the same pattern

will be repeated. Many men who have been sexually abused as a child will experience problems in their intimate relations with their partner. In my consultations, I have noticed that sexual abuse against girls has captured attention, while sexual abuse against young boys doesn't get the attention it should get. Special therapy for the abuser is highly needed. Punishment does not prevent abuse because we are not treating the root of the problem.

5.9 Interview with the Foundation against Relational Violence

This foundation was founded on the 24th of November 1995 and named Fundacion pa Hende Muhe den Dificultad (Foundation for Women in Need), meaning with 'need' in this case victims of Domestic Violence. This foundation started as a shelter with five small apartments to help victims of IPV or DV and their children for three months with a place to stay. Meanwhile they tried to resolve their problems. Last year the shelter expanded to fourteen apartments, offering more victims a temporary place to stay. The foundation also changed its name to Foundation Against Relational Violence.

To the question, "What is your approach in handling the problem of Intimate Partner Violence and Domestic Violence?" they answered that the foundation uses the power of their clients and their resilience to help resolve their problems. Not only the victims but also their kids are being helped using this method.

Our clients are mostly women but also men come to us looking for help. But most of the victims are Arubans. We also give a helping hand to people from Venezuela and Colombia.

Who sends the clients/victims to you? We receive people who are homeless, people who are sent to us by the person who offers aid to victims, by the Department of Social Affairs, by the Guardianship Board, employers and whoever is in need of a place to stay and come to us seeking help.

How do you handle/treat the victims' problem? We have three social workers working at our foundation, one psychologist and one psychologist especially for children. We also give courses regarding aftercare. These courses are given to groups but also individually.

A special recommendation for combatting domestic violence is in the first place, prevention. Generally speaking, several awareness campaigns are organized but nothing regarding prevention. Prevention campaigns are lacking.

Is there something special you would like to add to this interview regarding this problem? We are noticing that a shelter for men is needed and also for youngsters. In the next years more attention is needed to solve this problem.

5.10 Interview with a Priest

Most of the cases that I get in my parish are related to a lack of comprehension and understanding of each other or being unfaithful. Of all the cases of the couples I have counseled, almost 25% to 30% reported physical and sexual abuse. When it comes to emotional abuse, this percentage will be more than doubled. The persons who approach me in the first place are looking for a listening ear, looking for counseling, or asking for intervention.

To understand the cases that are presented to me, I try to get to know each couple. Most of the violent cases are caused by persons who experienced violence at home.

I try to focus on how the victim reacts to acts of violence; I talk about self-esteem, rights, and justice; I describe aspects of faith using biblical stories; I try to get the person interested and guide the person into the steps that are correct to be taken; I offer prayers (because in violent situations both parties offend each other). Often these meetings end with a sacramental confession which brings some peace and strengthens a person to take the necessary steps in favor of his or her own wellbeing and that of his or her partner and his or her family.

Although violence never can be justified, I still do my utmost to keep the partners together in matrimony. If the aggressor is also a victim of domestic violence in the past, I will invite both to guide them in how they have to treat each other. The core of Christian life is based on love, forgiveness, and mutual compromise where men and women have the same value and "both form one." If this is the case, I try to guide them for a while. In cases where the wounds are deeper, I recommend professional help from a social worker or a family consultant. I sometimes even recommend help from a psychologist or a specialist in sexology when it regards sexual abuse due to lack of education or wrong habits on this matter.

Like I already mentioned I talk about self-esteem, rights, and justice to orient the person that there are laws for protection and people and instances that are willing to help and that he/she is not alone in this problem.

Special attention focuses on finding spiritual help where a person that believes will feel that God is guiding him/her and that they can count on the prayers of the church. Christ's life is a continuous demonstration of attention for the poor and those who suffer. In this way I try to demonstrate the effect of a life united with God and the effect of a life separated from God. In our Christian attitude, we always try the first alternative of forgiveness and healing. I try to guide the couple in their way to communicate and share with each other and to assume their family and labor duties.

The couples always appreciate the part of prayers. For that reason, I always try to end our meeting with prayers. In some cases, I met with a family member of the victim who asked for guidance and

protection. This is the case when the victim is afraid to file a complaint against the aggressor or thinks that the problem is not that bad, but the person is still preoccupied (worried).

In cases that are more dangerous (more or less 10 – 15% of the cases treated), I had to advise a temporal separation or even a definite and immediate separation (7 – 8%). In some cases, I advised the victim to file a complaint against the aggressor or to look for shelter at a family place for her and her children.

When someone asks for an appointment because of problems with the partner, it is good to attend to them immediately, because almost 40 % of those who ask for an appointment afterwards will not show up. These appointments several times depend on the emotional state of the person. I also have received a petition for "secret" appointments, due to fear of the partner.

5.11 Interview with a Pastor

Before answering the questions, the pastor started saying that he came to Aruba at the end of August 2019 and as we all are aware by March 2020, we were severely restricted by the pandemic and the ensuing protocols. This limited him so much including developing relationships due to the lock down and subsequently the reduction in church attendance. This is to provide some context for his limited responses. Unfortunately, this might have been a time when some abuses have taken place from indirect reports.

His clients in cases of domestic and partner violence have been church members thus far. So far, these church members come on their own. A few were encouraged by someone else closely related. I am a pastor but also a holder of a Masters in Doctoral Counseling: Marriage and Family.

I certainly take each person and their reported situation seriously, confidentially, and urgently. My approach is normally to listen to the story as presented and I offer counsel. Not every counselee wants to invite or have the partner invited to a follow up session. In those cases, follow up sessions are done with that individual. Where there is a willingness to have a partner come in, that is attended. Some partners are willing to come in; others are not. In this case I will continue with the victim. I offer no pressure on either.

A special recommendation I would like to give to combat domestic or partner violence is to report the instance(s) as soon as possible to an authority; find help from a pastor/priest/counselor/any relevant available victims' unit. Do not take it lightly.

I want to remark that insofar as possible, both partners should get help, if both are willing. If only the victim is willing, it just might be possible for a situation to change by the counsel offered to the one, although both together are ideal. It is always important to ascertain what the victim would like to see as an outcome, after intervention. I also try to ascertain timelines as to when and under

what circumstances the relationship and the subsequent violence started. That information is always helpful to understand and to help the victim. If there is to be any hope in reconciling the relationship and it is what the victim or couple wants, I would like them to go back in time to rediscover their pre-violent relationship. All that said, at no time would I encourage a victim to remain in a violent situation if that person doesn't feel safe and does not want to remain. The ultimate decision has to be taken by the victim.

5.12 Interview with the Person who Assists Victims of IPV

The Police Department has a person especially for assisting victims of traffic accidents or any kind of accidents, especially when a person has died because of that accident. This person not only consoles the family of the victim but also assists them in explaining what to do and where to go and with whom to speak. This person also assists victims of domestic and intimate partner violence. The questions asked were about domestic and partner violence victims.

The answer given to the first question 'who sends her the patients/clients' was as follows: the police, the hospital HOH in Oranjestad or INSAM in San Nicolas, family, friends or sometimes family from abroad. In one word, whoever needs my assistance on that moment.

It depends on the case how I handle the victim's problem. If it is a case of severe domestic or partner violence and there is a victim who is injured, we take the victim to the hospital first for medical help, then to the detective for filing a complaint and then we look for a good refugee home. I mention 'we' because I work for and together with the police. We help with contact of a psychologist or funeral home, when a person has died at home. Sometimes victims do not want help and that makes the problem even worse. That is the reason why we count on professionals to help and speak with the victims.

We also see and get several cases of abuse against women from Latin America who come to Aruba to work. Some of them have been promised to work at a family home or restaurant/bar and they are forced to prostitution and have their passport taken away. They are told that there is no help for them because they are illegal, and they don't have a passport. They are severely physically and sexually abused. They have the right to be defended by the police and detective office. Sometimes we are being called by victims who are alcohol or drugs addicts and who have been abused in a physical or sexual way. These are very sad cases.

My "department," consisting of one person, receives many complaints from women victims of abuse, but also men, young girls and boys. There are several foundations offering help to victims, but there is no truly adequate refugee center. And that is the real problem. Aruba needs more than one refugee center or shelter, or a social worker where we can bring the victim for assistance at any time. We work 24/7. In Aruba we also have a separate police section for juvenile morals (Dutch: Jeugd en zeden politie) especially for cases of sexual abuse.

It is good for everybody to know that when there is an accident or a case of abuse that the first thing to do is to call 100. This is the central police telephone number for an emergency. They will call the Victim Assisting Office who will take over and organize what has to be done depending on the case.

5.13 Interview with a Trauma and Anger-Management Therapist

My work consists in helping people in life-controlling issues using simple, practical and effective methods. I have twenty years helping the Aruban community in the social area, which is pretty dysfunctional, especially regarding domestic violence. A youngster approached me to help him with his problems and his bad behavior and bad habits. That became a challenge for me to consider how to prepare myself in a way that I could help others. I travelled to Portugal to follow a study on helping people who have problems with life controlling problems. After having prepared myself for two years, I founded a foundation with the purpose to help these people who suffer from these kinds of problems. My clients are those with all kinds of addictions, compulsive behaviors, aggressive behaviors, and marital behaviors. Some of the supporting organizations include the Foundation of Aruba Against addiction (FMAA); local schools, KIA (Korrektie Instituut Aruba), which is the local prison, the Rehabilitation Board, the Department for Social Affairs and also the Section for Social Forming (SVT), which is a special training regarding discipline and anger management for 'drop-outs' and youngsters with behavioral problems.

The patients are from the different above-mentioned instances such as FMAA (Foundation of Aruba against addiction); KIA=Correctional Institute Aruba; Department of Social Affairs: persons with marital problems and aggressors of Domestic Violence; SVT=Section for social Forming; Reclassering=Rehabilitation/Probation Center and After Care Services; Schools: problem youngsters, and victims of domestic/family violence.

My system of handling or treating my victims' problems is as follows:
The persons that are sent for treatment need to go on their own will. For the clients of the Rehabilitation Center this is mandatory.

A) The first visit is an orientation meeting. The result of this orientation meeting will indicate if this person is capable to follow the support group program. If this is not the case, then we encourage this person to visit a psychologist or psychiatrist first.
B) If this person is capable, he or she can join the group session or the individual groups. For example, if it is about compulsive violence, then this person has to follow the Anger Management Session. If the person is a victim of sexual abuse, this person is offered to follow a program that is called 'Liberty Project'. All our programs have a duration of two months consisting of weekly meetings.

At the moment that it is clear to us that this is a case of sexual abuse, we will help the victim to file a complaint at the Police Office and also notify the family doctor, a psychologist, a psychiatrist and also Buro Sostene Mi, which is the call center for child abuse. The Guardianship Board is also

notified, which will make a report. Personal guidance of the victim is very important. Without guidance it sometimes is difficult for a victim to gather the strength to go on with the case because of the impact of what was done to her or him.

At the end of this interview, I would like to give some special recommendations how to prevent/combat violence against women and children. In the first place Aruba needs more support groups. Based on my experience, I can tell that support groups are a tool that has worked efficiently till now. We need to be more aware that everyone of us can be confronted with life-controlling issues. We can prevent this by giving more sessions of awareness about different important issues. An example is to teach kids, youngsters and adults that controlling problems can dominate our life and help us to grow and advance in our life. This includes struggle that controls our life, dependence (substance or relation), attachments, dominant attitudes, being a victim of one's own circumstances, compulsive behaviors, alcohol, drugs, sexual addiction, hurt, depression, and anger.

And last but not least I would like to thank you for doing a scientific investigation on the topic of domestic violence. I am sure that this survey/investigation will help in creating a better aid and guidance to our future generation.

5.14 Interview with the Director of Safety House

The interview started with asking the following question: What is your work/approach in handling the problem of Domestic (DV) and Intimate Partner Violence (IPV)?

The Safety House is the ultimate example of integral cooperation. In the Safety House, partners from the criminal and care chain and other partners (think of education) work together to arrive at an integrated approach to (potentially) criminal or serious nuisance-causing persons or systems, behind which lies a complex problem. The added value of the cooperation lies in the cross-chain approach, which reinforces the individual approaches. In doing so, all partners retain their own (legal) responsibilities.

There is a fixed core consisting of the process manager and organizations from the criminal and care chain and the social domain, the so-called core partners. The core partners are structurally represented in the Safety House. A covenant has been concluded with them, in which cooperation agreements are described (see Annex 1, the cooperation and privacy covenant Security House Aruba). Some organizations are occasionally present in the Safety House, when their expertise is desired in a particular case. The so-called flexible partners.

Core-partners:

Compulsory Education Office	Youth and Mores Police
Victim Support Office	Aruba Police Corps

Bureau Sostenemi	Aruba Public Prosecutor's Office
Social Affairs Directorate	Aruba Mental Health Foundation
Guardianship Board	Social Psychiatric Service
White Yellow Cross Aruba	Fundacion pa Maneho di Adiccion Aruba
Aruba Probation and Youth Protection Foundation	Guia Mi Foundation
Other	

Complex problems occur mainly within certain target groups. For this reason, the focus of the Safety House is on the following target groups:

• Risk and vulnerable youth

Young people with problems that threaten their physical, psychological, social or cognitive development. As a result, they can be a danger to themselves or their environment, or they can themselves be at risk, for example to be (early) excluded from society. These can be vulnerable young people such as abused young people, young people with addicted parents or young people with disabilities. But also, for young people who are in a different way an accumulation of problems.

•Repeat offenders

Persons who repeatedly come into contact with the police for a crime such as burglaries, destruction and shoplifting and thereby cause great inconvenience to citizens and businesses. This group consists largely of addicts.

•Confused persons

Confused people are people who are (at risk of) losing control of their lives, which means that there is a risk that they will harm themselves or others. The image has emerged that every confused person is a psychiatric patient. However, confused individuals are a small extent people with mental disorders. These are often vulnerable people who suffer from various conditions and disabilities in multiple areas of life. They are people with drug or substance use, dementia, addiction, debt, homeless or with impaired sugar levels. Sometimes they are people in illegality or with intellectual disabilities. Often confused behavior occurs in combination with loss of work or housing, debt, or after a profound emotional event.

•Double Diagnosis Problems

Addiction problems in combination with psychiatric problems, such as schizophrenia, developmental disorders (ADHD, ASD), affective disorders and/or personality disorders.

•Perpetrators and victims of relational violence

Relational violence often involves physical and/or sexual assault with or without damage to property, where the suspect and the victim are blood and/or relatives of each other or have or have had an (extramarital) love affair with the other half of a married couple and/or (house) friend(s) are each other. These are men, women and minors and/or the elderly who may be victims or

perpetrators of violence within the relational sphere. Child abuse, partner abuse and parental abuse are forms of relational violence.
There are several ways in which complex personal, system or area-oriented problems can end up in the Safety House. All partners of the Safety House can submit case studies, the field registrations. Case studies can be conducted at the start of, or during a (criminal or care) process in the Safety House. In addition, the Safety House also takes a preventive approach: not only by combating recidivism, but also by looking at the entire (family) system in an analysis of case studies and formulating an approach. Care (or coercion and urges) can be used for family members in the system to prevent imminent slipping.

We handle or treat our clients through the two weekly care and safety consultations.
Integral working method
Tackling complex problems sometimes requires innovative and creative solutions. Within the Safety House, both for the analysis and for the approach, the expertise and interventions of the criminal and care chain and possibly other interventions are combined. This is what is meant by an integral, cross-chain approach in the Safety House. This way of working together prevents the partners from working side by side or only partially addressing the problem.

The result of the cooperation is to realize a joint process and to create a joint, integrated plan of action. The proceeds of the cooperation depend on the case. This usually involves joint problem exploration, planning and control over implementation. The concrete result of the cooperation is an integrated plan, in which the deployment of partners is coordinated, with concrete agreements on the various interventions (aimed at tackling problems in different habitats) and possible next steps and monitoring.

Systematic Approach
In addition, the behavior of an individual or family system is often (partly) caused or maintained by factors in the surrounding system. That is why the Safety House works according to a system approach. This means that a case is considered within the context of the (social) environment with which there is a mutual connection and interaction. This can be the family system, but also the social environment, such as friends, neighbors or school. These factors are therefore taken into account in the problem analysis, and - if necessary - given a place in the approach. A system approach includes, among other things, the family system of which an individual is a part in a case. Often there are multiple and complex social problems within the family, which also puts other family members at risk of slipping towards crime or becoming victims. This also means that the family members are included in the analysis in case studies, and if there is reason to care, an approach is also established for them. The aim is to come to one family, one plan, and one director.

There is a special recommendation we would like to give to combat domestic and partner violence. Given the complexity of DV/IPV, collaboration in the chain is important. Together you achieve

more. Prevention programs are essential, as well as involving both victim and perpetrator in their rescue plan.
We would also like to thank you for the opportunity to bring the work within the Safety House to light here.

5.15 Interview with a pathologist

When I receive a call to attend a case of rape, I go to one of the hospitals on the island, the Horacio Oduber or sometimes to the Instituto Medico (IMSAN) in San Nicolas.

The official of the Department of Juvenile Delinquency (Jeugd en Zeden Politie) who is on duty will call me and will inform me about the case.

I will try to be as objective as possible answering the question on the importance of my work as a pathologist because of the complexity of the cause and why it is important to point out the different focus points about how to manage the problem of the case.

Without losing myself (going deeper) I consider it a priority to establish the vision and mission that we wish to obtain with what we are doing and what we wish to reach because what is fundamental is to know the magnitude of the problem and how to manage it to reach the object that we wish to reach. We also need to take into consideration the real participation of the instances that are working with us on each case. Essential is the competency of each of these instances and how they are going to manage the problem which is the most important moment of their intervention when this is needed. What I want to say is that the existence of an instance doesn't guarantee active participation regarding the problem. The first thing to do is to start treating the problem in an urgent way. It is also important to investigate why rape is taking place daily.

Each case has multiple variables. Maybe many of them meet at the same point. In other words, they reflect an existing social problem which has been growing in a very fast way and even in an explosive way at this moment. Definitely, it is worth analyzing in a meticulous way this behavior and how it should be qualified, like something pathological or as a mental health problem. In the behavior of each human, his/her attitude and behavior is unpredictable because each person drags with him/her unsolved conflicts which can emerge suddenly. Most people are not conscious of the existing conflict.

As a pathologist I take a sample of the semen, blood and other examples, analyze them and send the results to the Prosecutor's Office in the hope they can hold the aggressor accountable for his act. It is very important that the victim does not clean or wash away this proof because without this proof the Prosecutor is not able to accuse the aggressor. It is also very difficult for a victim not to wash her body while feeling dirty in many ways.

In these nine years having seen and treated different rape cases, I ask myself how many of the treated cases have been solved? How many of the victims have succeeded in surviving this negative experience? How many have received the adequate treatment? I pray to God that each case will be solved and that each victim will survive this awful experience in a positive way.

5.16 Interview with a Lawyer and Director of the Detective Office

Because there is no other survey or study found that was done in the Caribbean or Latin America on stalking, it was impossible to do a comparison study. That was the reason for having an interview with a lawyer and a police officer, who are professionals on this topic, to get more information about the extent of this social problem, how it is handled by the victims and about the response of the judicial system. A lawyer and the Head of the Detective Department were willing to give some information about the process and their experience. The first question was of course if they had handled a case of stalking, and both answered affirmatively and said: "even more than once." Most of these cases don't reach the court. After a victim has filed a complaint, the police invite the stalker to the police office for a conversation where the police in most cases summons him to stop with the stalking. If he doesn't stop, the police can take him into custody for two days or more depending on the severity of the case. This is possible since the anti-stalking law of 2003. Before that the only thing that the police could do was talk to and ask the stalker to stop the stalking. The only possibility left was to ask for a restraining or protecting court order (prohibiting the stalker to approach the victim) in a civil case with the possibility of getting a fine in case of violating this order. In many cases the stalker got the message and stopped the stalking.

The lawyer knew from some female clients that the service at the police office when filing a complaint was not always friendly. The police officers claim that they are very busy and that they have more important things to do. Sometimes they recommend the victim to start a civil case against the stalker for a restraining order. And sometimes they even refuse to register a complaint knowing that criminal action is only initiated by prior complaint of the victim. When the victim asks the lawyer what to do, he offers to personally, on their behalf file a complaint at the Public Prosecutor's Office. Registered complaints normally find their way to the Public Prosecutor's Office. If no legal proceedings are taken, the victim can always complain at the Public Prosecutor's office and demand a prosecution. It is not always easy to prove being stalked. The victim must prove that the stalking happened more than once (repeatedly) and that it is done with the intention to hurt the victim.

Judges often give the victims the benefit of the doubt if they can show some kind of proof. Sometimes the judge believes what the victim is saying but if important proof of stalking is lacking, it sometimes may happen that the judge is not able to condemn the stalker. Important factors taken in considerations are duration and frequency of the stalking and the intensity of the behavior of the stalker. Also, the circumstances in which the stalking has taken place and the impact it has had on

the personal life and freedom of the victim. The height of an eventual punishment pronounced by the judge will depend on the severity of the case. Each case is considered different.

Both professionals agreed that it is better to come to an agreement using mediation, because in most cases there are children involved who suffer more seeing their parents hurt each other and hurt them.

AIMS OF THE QUALITATIVE STUDY

Aims of this study

This study aimed in the first place at obtaining an overview of the specific work of the professionals in this field and information about their approach in handling and/or treating Domestic Violence and Intimate Partner Violence; in the second place at knowing who their clients/patients are; in the third place at knowing who is sending the clients/patients to these professionals and, are these from the same source; in the fourth place at learning the way of handling/treating the victim's problem; in the fifth place at obtaining special recommendations to combat DV/IPV; and in the sixth place at obtaining special information regarding this problem.
From these sixteen interviews, two interviews are cases of domestic and intimate partner violence and two interviews are regarding stalking and are therefore different from the other interviews where the questions were answered by professionals who are directly occupied in handling and treating domestic and or intimate partner violence. Therefore, twelve interviews contained the answers of the six questions mentioned above.

Aim 1

Aim 1 of this study is obtaining knowledge of the special work of each professional regarding his or her approach in handling and or treating Domestic/Intimate Partner Violence.

Results

The results on this question are as follows: from the twelve participants, the family doctor answered that when seeing bruises, she directly and actively questions what caused these bruises; three participants, the family doctor, the priest and the pastor take time to listen; the family doctor also creates space for the patient to tell her story; three participants, the family doctor, the pediatrician and the director of the Ortho-Pedagogic Center will refer to external help if needed; the family doctor will also give advice on safety and security and on informing the police; in case of child abuse: the family doctor will call the police and will write a letter to the police when a child-patient is in danger, while the pediatrician will call the parents or caretakers. Two participants namely The Ortho-Pedagogic Center (OC) and the Teen Mother's consultant at the White-Yellow Cross provide youngsters with training and guidance. The latter also offer preventing care and sexual education at schools. Four participants, the Teen Mother's consultant at the WGK, the Department of Social Affair, the Foundation for Relational Violence and the Safety House offer curative care and looking for solutions of one's own problem (self-reflective). The priest, next to

offering counselling and prayers, is also willing to call for intervention when needed and seeing that the person is in danger. The pastor also creates time to listen and offers counseling. Both the priest and the pastor would not encourage the victim to remain in a violent situation if that person doesn't want to remain. The pathologist reported that her special job is taking samples from semen and blood and other samples to send this to the Office of the Public Prosecutor to prove culpability of the aggressor.

1. What is your work and what is your approach in handling the problem of domestic violence (DV) or Intimate Partner Violence (IPV)?	Interview 1 Family Doctor	Interview 2 Pediatrician	Interview 3 Ortho-Pedagogic Center	Interview 4 White Yellow Cross- Consultant Teen Moms	Interview 5 Dept Social Affairs	Interview 6 Foundation Relational Violence	Interview 7 Priest	Interview 8 Pastor	Interview 9 Slachtoffer Hulp	Interview 10 Anger Mngt Therapist	Interview 11 Safety House	Interview 12 Pathologist
Direct and active questioning on bruises	X											
Take the time to listen	X						X	X				
Create space for the story telling	X											
Referal to external help	X	X	X									
Advice on safety and security	X											
Advice on informing police	X											
In case of child abuse, I call the police	X											
Write letter to police to declare person is in danger	X											
Call parents or caretakers		X										
Providing youngsters with training and guidance			X	X								
Preventing care-sexual education at schools				X								
Curative care/look for solution of own problem/selfreflective				X	X	X					X	
Intervention							X					
Offer prayers							X					
Offer counselling							X	X				
Take sample of semen, blood												X
Helping in life controlling issues; bad behaviour										X		

Observations:

In her interview the family doctor mentioned eight of the 15 answer categories. This result shows that the family doctor really deserves to be mentioned as the first care giver for the family members. Another caregiver that is very important is the WGK Teen Mother's consultant who provides these teenagers with care, training, and guidance in being a young mother. What also drew attention are the answers of the priest and the pastor who not only offer prayers and counselling, but who are also willing to send the help seeker to the police and to make a call for intervention of the police in case that a person is in danger.

Aim 2

Aim 2 of this study was to obtain the information on who are the clients/patients that these professional caregivers treat.

Results: The results of this question are as follows: The family doctor answered that her direct patients are registered by AZV (the general health care system). These patients are: single adults, couples, parents with children, youngsters, and elderly people. The clients/patients from the pediatrician are: newborns to fourteen-year-old children. The answer from the OC-Center was: boys and girls from 12 to 18 who, for one reason or another, cannot live longer at home, because they have been abused or whose parents are addicted. The WGK Teen Mother's consultant answered: pregnant teenage girls aged 11-19. The social worker of the Department of Social Affairs answered: men and women with different social problems. The answer of the Foundation for Relational Violence answered that their clients are Aruban women and men, but also foreigners, immigrants, and homeless people. The clients of the priest and pastor are church members. The person for aid to victims (Slachtoffer hulp) mentioned two kinds of clients, namely women who are used for prostitution and drugs and alcohol addicts. The anger management therapist mentioned two categories of clients: drugs and alcohol clients and people with compulsive and aggressive behavior. And the manager of Safety House mentioned risk and vulnerable youth, repeat offenders, confused persons and double diagnosed problems as clients. The pathologist mentioned victims that had been raped as her patients.

2. Who are your clients/patients?	Interview 1 Family Doctor	Interview 2 Pediatrician	Interview 3 Ortho-Pedagogic Center	Interview 4 White Yellow Cross- Consultant Teen Moms	Interview 5 Dept Social Affaris	Interview 6 Foundation Relational Violence	Interview 7 Priest	Interview 8 Pastor	Interview 9 Slachtoffer Hulp	Interview 10 Anger Mngt Therapist	Interview 11 Safety House	Interview 12 Pathologist
Direct patients registered through AZV	X											
Children from birth to fourteen years old		X										
Boys and girls aged 12-18, who can't live at home			X									
Pregnant teenage girls aged 11-19				X								
Men and women					X		X					
Women, men, Arubans, foreigners, homeless						X						
Church memebrs								X				
Victims of DV and IPV									X		X	
Foreigners who are used for prostitution									X			
Drug and alcohol addicts									X	X		
People with compulsive, aggressive behavior and marital behavior										X		
Risk and vulnerable youth											X	
Repeat offenders											X	
Confused persons											X	
Double diagnosis problems										X	X	
Victims of rape												X

Observation: It needs to be clarified that Safety House is an umbrella organization/ platform that organizes cooperation between several instances, foundations and organizations working to combat Domestic and Intimate partner Violence. Their approach is a cross chain approach which reinforces the individual approaches from the core partners and the flexible partners (see table below).

This table also shows that The Victim's Aid person (Slachtofferhulp) and the Anger Management therapist receive and treat many clients/patients with different problems.
In the interview with the priest and pastor they revealed that 25% – 30% of the cases they treat are cases of physical or sexual abuse. Emotional abuse will be doubled.

Aim 3

Aim 3 of this study aims to get information and an overview of the persons, instances and foundations who send the patients to professionals for help and treatment
The family doctor mentioned AZV in her interview, which is the General Medical Care of Aruba. The pediatrician mentioned family doctors, the Emergency room and other medical disciplines. The Teen Mother's consultant also mentioned other medical disciplines and Department of Social Affairs. The Department of Social Affairs mentioned family doctors, social workers, Fundacion Sostene mi (Child abuse call center) and the Guardianship Board. The Foundation for Relational Violence and the Safety House mentioned the Guardianship Board. The police, was mentioned by The Victim's Aid Center and by the Safety House. The Safety House mentioned also the Social Psychiatrist Service, the Aruba Mental Health Foundation, the Youth and Mores police, the Public Prosecutor's Office, the Guia Mi (Guide Me) Foundation, the Victim's Support Office and the Fundacion pa Maneho di Adiccion Aruba (Aruba Anti-drugs foundation). The pathologist mentioned that the official of the Juvenal Delinquency Police (Jeugd and Zeden politie) is the person that calls her in cases of rape.

3. Who sent the clients/patients to you?	Interview 1 Family Doctor	Interview 2 Pediatrician	Interview 3 Ortho-Pedagogic Center	Interview 4 White Yellow Cross-Consultant Teen Moms	Interview 5 Dept Social Affairs	Interview 6 Foundation Relational Violence	Interview 7 Priest	Interview 8 Pastor	Interview 9 Slachtoffer Hulp	Interview 10 Anger Mngt Therapist	Interview 11 Safety House	Interview 12 Pathologist
AZV	X											
Family doctors		X			X							
Emergency room		X										
Other medical disciplines		X		X								
Dept of Social Affairs				X		X				X	X	
Social Workers				X	X							
Fundacion Sostenemi					X					X	X	
Guardianship Board					X	X				X	X	
Police									X		X	
HOH									X			
White Yellow Cross									X		X	
Social Psychiatrist Service											X	
Aruba Mental Health Foundation											X	
Compulsory Education Office											X	
Victim Support Office											X	
Aruba Probation and Youth Protection Foundation											X	
Youth and Mores Police											X	
Aruba Public Prosecutor's Office											X	
Guia Mi Foundation											X	
Fundacion pa Maneho di Adiccion Aruba											X	
Oficial dept Junenile Delinquency												X
Reclassering										X		

The Department of Social Affairs and other social workers, the Fundacion Sostene mi (Call Center for child abuse) and the Guardianship Board (Voogdij Raad) are those most mentioned in sending victims/patients to the professional caregivers.

Observations:

It is noticeable that the Safety House has a crucial role in coordinating cooperation between the different instances and professionals involved in handling Domestic and Intimate Partner Violence.

A surprise was that the priest and the pastor expressed to be willing to call the police when they notice that a church member is in danger.

Aim 4

Aim 4 of this study seeks information regarding the treatment offered to the victims.

Seven answer categories were used to record the answers of the professionals. From these seven choices, the family doctor answered in her interview, that when she notices depression, she normally gives her patient anti-depression medicine or refers her or him to a psychologist or psychiatrist. Three other instances of professionals namely, The Foundation for Relational

Violence, the Priest and The Victim's Aid Center would also refer to a psychologist or psychiatrist. The therapist at the Department for Social Affairs mentioned sending the person to the Anger management therapist. Two professionals, the Foundation for Relational Violence and the priest would refer clients to the social workers and psychologists. The Victim's Aid Center would take the victim to the hospital if injured and would also recommend to file a complaint. The pathologist takes a sample of semen and blood to obtain the DNA of the rapist, in order to identify the rapist and to make him accountable for the harm that he has done to the victim.

4. How do you handle/treat the victims' problem?	Interview 1 Family Doctor	Interview 2 Pediatrician	Interview 3 Ortho-Pedagogic Center	Interview 4 White Yellow Cross- Consultant Teen Moms	Interview 5 Dept Social Affairs	Interview 6 Foundation Relational Violence	Interview 7 Priest	Interview 8 Pastor	Interview 9 Slachtoffer Hulp	Interview 10 Anger Mngt Therapist	Interview 11 Safety House	Interview 12 Pathologist
If depression, then anti-depressants	X											
Refer to a psychiatrist or psychologist	X					X	X		X	X		
Anger management					X							
The use of social workers and psychologists						X	X					
If victim injured, then take to hospital									X			
File a complaint									X			
Integral working method											X	
Analize semen, blood												X

Observation: There are four referrals to a psychologist or psychiatrist and to a social worker and psychologist by the professionals. Is this a signal of the growing need for mental health care in Aruba?

Aim 5

Aim 5 of this study seeks for special recommendations from the caregivers to combat DV/IPV.

Two professionals, the family doctor and the Teen Mother's consultant recommend to avoid the use of alcohol and drugs because these substances trigger violence. The family doctor and the Department of Social Affairs gave the advice not to give only material things to the children, but also care, attention and love. The family doctor gave as advice not to tolerate abuse and the pediatrician gave the advice to learn the signals to recognize child abuse and always to check twice. If there are signals call the center for child abuse. Two professionals, The Teen Mother's consultant and the pastor recommend to talk about DV/IPV and not to be afraid to seek help. Three professionals, the family doctor and the OC and the Department for Social Affairs gave advice to pay attention at home. The OC Center and the department of Social Affairs gave advice to also pay attention at the situation at school. The Department of Social Affairs also recommend to teach people social skills and healthy relationships and to present prevention campaigns. The Foundation for Relational Violence and the Safety House manager recommend to organize prevention campaigns, and to report abuse to the authorities. The pastor also expressed that abuse has to be

reported to the authorities. The Safety House manager considers collaboration between the caregivers important and also that both victim and the perpetrator have to be involved in the rescue plan. The pathologist recommends to study, why there are so many cases of rape.

5. Are there some special recommendations you would like to give to combat DV/IPV?	Interview 1 Family Doctor	Interview 2 Pediatrician	Interview 3 Ortho-Pedagogic Center	Interview 4 White Yellow Cross-Consultant Teen Moms	Interview 5 Dept Social Affairs	Interview 6 Foundation Relational Violence	Interview 7 Priest	Interview 8 Pastor	Interview 9 Slachtoffer Hulp	Interview 10 Anger Mngt Therapist	Interview 11 Safety House	Interview 12 Pathologist
Avoid alcohol and drugs (they trigger violence)	X			X								
Parents should not think on only material things	X				X							
Do not tolerate abuse	X											
Learn the signals to recognize child abuse		X										
Always check twice		X										
If there are signals, call the center for child abuse		X										
Talk about it, speak up and don't be afraid to seek help				X				X				
Pay attention at situation at home	X		X		X							
Pay attention at situation at school			X		X							
Teach people social skills and healthy relationships					X							
Prevention campaigns						X					X	
Report the abuse to authorities								X				
Collaboration is important											X	
Involve both victim and perpetrator in the rescue plan											X	
Study why is rape taking place daily												X
more support groups										X		

Observation: The most mentioned recommendations to prevent/combat Domestic and Intimate Partner Violence are to pay attention to the situation at home and at school, followed by the recommendation to speak up and seek help.

Aim 6

The intention of Aim 6 of this study is to collect special recommendations that the professional participants wished to add to these interviews.

The Family doctor expressed several recommendations starting with the wish that AZV should cover psychological help, followed by the wish that the Policlinic for children and youngsters should be more accessible, because the waiting list is too long; followed by the wish that Social Aid gets more professionals for psychological aid and the fourth wish is that every school should have the possibility of the assistance of a social worker. The pediatrician's wishes were that every-one should know the signals of child abuse and also where to call when there are signals of abuse. The Ortho-Pedagogic Center, the Teen Mother's consultant, and the Department of Social Affairs expressed the following wishes to be add to this interview regarding the problem of DV/IPV: that these problems are generational problems and that drugs and alcohol trigger violence and that dropouts should be considered as a problem. And, also to take into consideration that problems at home, high divorce rate and kids living in two households easily causes DV/IPV. The Department

of Social Affairs wished to be added that special therapy for the abuser is also needed. The Foundation for Relational abuse would like to add to this interview that a shelter for men and youngsters is needed. The person that offers aid to victims added that people need to know where to call when there are signals of abuse and that there is special therapy needed for the abuser. The pathologist mentioned that a special study is needed to find out why there are so many cases of rape on the island.

6. Is there something special you would like to add to this interview regarding this problem?	Interview 1 Family Doctor	Interview 2 Pediatrician	Interview 3 Ortho-Pedagogic Center	Interview 4 White Yellow Cross- Consultant Teen Moms	Interview 5 Dept Social Affairs	Interview 6 Foundation Relational Violence	Interview 7 Priest	Interview 8 Pastor	Interview 9 Slachtoffer Hulp	Interview 10 Anger Mngt Therapist	Interview 11 Safety House	Interview 12 Pathologist
AZV should cover psychological help	X											
The Policlinic for Children and Youngsters should be more accessible	X											
Social Aid gets more professionals for psychological aid	X											
Every school has the aid of a social worker	X											
Every one of us needs to know signals of child abuse		X										
Also know where to call when there are signals		X							X			
These are generational problems/drugs and alcohol/dropouts			X	X			X					
Problems at home			X		X							
High divorce rate/kids living in two households			X		X							
Special therapy for the abuser					X							
A shelter for men and youngster is needed						X			X			
More sessions about controlling problems										X		

Observations: The most mentioned topics were that most of the problems mentioned are (trans) generational problems, drug and alcohol abuse and dropouts. These problems are followed by twice mentioned problems at home, high divorce rate and kids living in two households. Two professionals also mentioned that a shelter for men and youngsters is needed.

Conclusion

Many results of these interviews are similar to the results of other studies presented in paragraphs of this thesis. Definitely, the family doctor is the first and most visited caregiver for family health, emotional, and mental problems (compared with results study on health paragraph 4.6.7, page 125). The family doctor is also the person who will refer the patients to specialists. The family doctor will also give advice on safety and in severe cases of domestic violence will call the police.

All the professional interviewees, especially the pediatrician, the priest, the pastor, the therapist of the Department of Social Affairs and the Ortho-pedagogic Center, expressed that they refer their client/patient to external help if needed.

As expected, alcohol and drug abuse are mentioned as triggers for DV/IPV and mental health.

Not expected was the fact that the priest and the pastor expressed to be willing to call the police when they notice that a church member is in danger. They also mentioned that 25 – 30% of the cases they treat are physical and sexual abuse, but emotional abuse will be doubled, which would be 50 – 60%. This is consistent with results of paragraph 4.3, prevalence of IPV, p. 77 and p. 88: summarizing different forms of violence, showing that psychological abuse scores the highest. This is the same case in paragraph 4.4, prevalence of DV before 18 years, mentioning emotional abuse as the highest prevalence, namely 40.2%. This data underlines the importance of the choice to weigh psychological abuse in a different way than normal, focusing on the negative effect this causes the victims.

It is remarkable and at the same time expected, that when mentioning their clients, the professional interviewees mentioned that most of them have different social problems. Many are persons with alcohol and drug abuse problems; some with compulsive and aggressive behavior; vulnerable youth; repeat offenders; confused persons and double diagnosed problems (double trouble).
Noticeable are also the many references done by these professionals to psychologists and psychiatrists, trauma and anger-management therapists and social workers.

Some professionals advise not to give material things to children, but instead of that, to give more care, attention, and love. They also advise to seek help and to report abuse to the authorities and to organize prevention campaigns.

The pathologist has a special request, which is to study why there are so many cases of rape (and incest).

The most mentioned recommendations to prevent or combat DV and IPV are: AZV must cover psychological help; more professionals for psychological aid; each school needs assistance of social workers; every teacher and professional in this field needs to know the signals of child abuse. Most of these problems are (trans) generational problems; dropouts should be considered as problems; high divorce rates and kids living in two households are causes of DV/IPV (consistent with results paragraph 4.5: risk factors). Special therapy for the abuser is also needed. And a shelter for men and youngsters is highly needed.

CHAPTER 6 CONCLUSIONS

6.1 General Conclusions

This paragraph shows the most important conclusions of Chapters 1, 2 and 3 and of each paragraph of Chapter 4, which is the Chapter that presents the results of each study executed, answering the main research question and each sub-question, totaling eight paragraphs. All these chapters mention results and their conclusions, which are important to address domestic and partner violence and also for seeking a way to prevent, stop, and combat domestic and partner violence, leading to a happier family life. The conclusions will be presented in an enumeration way.

6.1.1 Conclusions of Prior Studies Mentioned in Chapters 1, 2 and 3

- Registration of Domestic and Intimate Partner Violence is incomplete and under-registered.
- Many victims and their lawyers complain about not receiving a copy of the filed demand/complaint. This is important for showing the Public Prosecutor that a complaint was filed and for accelerating the process
- Domestic and partner violence in police officers' homes is alarming. Special attention is needed for police officers with stress traumas. Petition from police officers for special psychologist
- Special training for police officers on how to handle domestic and partner violence when called for intervention is lacking.
- Trauma treatment for police officers is not sufficient or lacking.
- There is no special law regarding Youth Care.
- There is no law on temporary prohibition to enter the house/residence in cases of severe domestic and partner violence (Landsverordening Tijdelijk Huisverbod).
- The law linked to the above-mentioned law regarding risk valuation during an intervention in a domestic case is lacking (Risico taxatie instrument Huiselijk Geweld).
- An AWARE alarm system for women in danger is lacking.
- Many agreements regarding cooperation between the different instances/stakeholders are still lacking, although the Safety House has been successful in closing several cooperation agreements between several stakeholders.
- High Teen pregnancy rates are the result of experiencing domestic and partner violence at home and wanting to leave as soon as possible in search of a happier life.
- More than 60% of teenage mothers are children of single mothers.
- Lacking a father figure is one of the causes that makes female youngsters fall in love with 'sugar daddies' and 'lover boys.'
- Most of teen mothers will drop out of school; more than 50% have experienced domestic violence at home; most of them have been sexually abused; most of them use alcohol; or drugs. Consequences: babies are born with problems: dysfunctional behavior and ADHD; mental and physical handicaps. This situation forms a great part of the social crisis in Aruba.

- Dropouts: youngsters who do not finish school because of unpleasant situations at home (See interview with director Ortho-pedagogic Center).
- Youngsters' unemployment is very high (ages 15-24). In 2000 this was 16.3%; in 2010: 28.9%. This is higher than the world's average youth unemployment and that of Latin America and Caribbean region, which is 15.8%.
- An inability to find employment creates a sense of uselessness and idleness and social exclusion that can lead to increased crime, mental health problems, violence, conflicts, drug abuse, drug traffic and gang forming. The Foundation for Rehabilitation/Probation and the Department of Social Affairs (November 2018-October 2019) reported a notable increase of youth criminality and use of firearms.
- The Telefon pa Hubentud Foundation (Youth Telephone Help Line) reported many cases of domestic violence, especially physical and emotional violence; both parents work and have no time to spend with them, the same situation when divorce or separation has taken place; bullying; fear of failure; problems with teachers. The most reported topics by the youngsters that call the Help Line are domestic violence, little to no communication with parents and most of them are from divorced or separated parents.
- Special assistance is required for children who have experienced maltreatment, neglect, or have witnessed severe domestic violence.
- A special shelter and after care are needed for youngsters with drugs or psychological and psychiatric problems.
- Special instructions or directions (Aanwijzing) in cases of elderly abuse are lacking.
- The Section Life and Family of the Department of Social Affairs (2017) reported that many households are complex households formed by a single mother with children or extended family (20.5%).

CONCLUSIONS CHAPTER 4

6.1.2 Measuring the Prevalence of IPV

Summarizing the prevalence of each section of this paragraph shows us the next outcome:

It needs to be said that the decision was made to consider each (one**)** form of IPV abuse, serious enough as a really form of IPV abuse.

Section control prevalence : 1 out of 2 of the respondents
Section threat : 1 out of 5 of the respondents
Section light physical abuse : 1 out of 6 of the respondents
Section psychological abuse : 1 out of 3 of the respondents
Section financial control : 1 out of 7 of the respondents
Section physical violence : 1 out of 7 of the respondents
Section sexual violence : 1 out of 11 of the respondents

In general, it can be stated that the prevalence of violence against women in the last five years in Aruba, is **almost 1 out of 6**.

Summarizing indicating the perpetrator:

	Perpetrator	Percentage
V 1 control	current husband/partner	61.4%
V 2 threat	current husband/partner	39.1%
V 3 light physical abuse	current husband/partner	50.5%
V 4 financial control	ex-partner	51.3%
VI psychological emotional abuse	current husband/partner	58.5%
VII physical violence	ex-partner	52.2%
VIII sexual abuse	ex-partner	50.8%

Noticeable to be mentioned is that a rather high percentage of 20 or more (totally) of the respondents did not answer the questions relating to the perpetrator because these questions are about sensitive or painful matters, and several respondents prefer not to answer out of shame or prefer not to recall painful experiences in their life.

Summarizing results on feelings and emotions:

	Feelings/Emotions	Percentage
V 1 control	Helplessness	68.8%
V 2 threat	Helplessness	68.8%
V 3 light physical abuse	Helplessness	67%
V 4 financial control	Helplessness	67%
VI psychological emotional abuse	Helplessness	69.4%
VII physical violence	Feeling afraid	86%
Followed by	Helplessness	59.3%
VIII Sexual abuse	Feeling afraid	78.1%

As shown the most mentioned feeling is helplessness (3 out of 5). Referring to the physical abuse section and the sexual abuse section the most mentioned feeling was **'I felt afraid' (78.1%)**, which in these cases is understandable. The results of the feelings/emotions mentioned are consistent with literature on this topic in other countries (WHO, 2012; WHO, 2013; Dillon, Loxton, Rahman, & Hussan, 2013; Dufort, Stenbacka, & Gumpert, 2015; Avdibegovic, Brkic, & Sinanovic, 2017).

Summarizing the feelings about thinking it was normal or deserved, was answered by the respondents in this way:

	Perceptions	Percentage
V 1 control	not normal	68.8%
	not deserved	79.8%
V 2 threat	not normal	68.8%
	not deserved	79.8%
V 3 light physical abuse	not normal	65.6 %,
	not deserved	77.8%
V 4 financial control	not normal	65.6%
	not deserved	77.8%
VI psychological emotional abuse	not normal	69.8%

	not deserved	75.0%
VII physical violence	not normal	75.7%
	not deserved	83.8%
VIII sexual abuse	not normal	67.4%
	not deserved	73.8%

These high percentages express an almost total disapproval of abuse by the respondents. Still and even remarkable, there is a very low percentage of women admitting that this kind of abuse against them is normal and that they deserve to be abused. These feelings are mostly normal in societies where it is normal to beat women because they are being considered as objects and not as subjects with their own rights (Barnish, 2004; Barnett, Miller-Perrin, & Perrin, 2005; Bott, Guedes, Goodwin, & Mendoza, 2013; WHO, 2013).

Summarizing feelings mentioned using the 'Other' option:
I felt betrayed; worthless; sad; weird; pain; not fair; I felt bad; wanted to cry; insecure; uncomfortable; I had my doubts; I became crazy; I hit him back. But by far the most mentioned feeling/emotion using this option was Anger.

Summarizing the frequency of physical and sexual abuse:
Physical abuse: the most mentioned frequency by the respondents was '**a few times'** (40.6%). Sexual abuse: the most mentioned frequency by the respondents was also **'a few times'** (55.4%).

6.1.3 Domestic Violence before Adulthood <18 Years

The historical review reveals that child maltreatment always has been a social problem. Harsh physical punishment by parents has been allowed for many years and when attendance to school for children became reality, it was also allowed by teachers. It was not until the 1960s that some changes took place: protection for children against physical punishment and against child labor, public schools were possible and school attendance became compulsory. The Convention of the Rights for the Child (UNCRC) brought important changes like prohibition of child labor. At the end of the 19th century, some important social legislation was introduced like Youth Health Care, Youth Help Center, Youth Psychiatry, Civil Child Code and special judges to attend cases where children were involved. The transformation of a child from being an object to being a subject with the child's own rights took place.
Violence against children occurs at home, at school, among adolescents, shooting at school, child trafficking and child pornography. Forms of child abuse are emotional or psychological, physical, sexual and neglect. In Latin America and the Caribbean, harsh punishment against the children and young people still occurs, and also child labor, in spite of ratification of the Treaty of the Rights of Children. Repeated abuse during childhood and adolescence is likely to lead to alcohol and drug abuse and even to suicidal behavior (Saha, Paul, Das, & Mukherjee, 2013).

The results of the survey on the prevalence of Domestic Violence before adulthood reveal that one out of two respondents had experienced one or more forms of abuse before reaching 18 years of

age. From the 18 questions that were asked, six were about psychological or emotional abuse; six were about physical abuse and six were about sexual abuse. Psychological abuse was the most reported by the respondents (37.9%); followed by physical abuse (35.1%) and followed by sexual abuse (20.2%).
The results of revealing their emotions when experiencing the different abuse, the respondents reported 'helplessness' as the most common feeling experienced, followed by the feeling of 'being afraid'.
When indicating the perpetrator (without IPV), the respondents marked the 'mother' most, followed by 'other relative, neighbor, classmates, mom's partner and even grandma, an aunt and a foreign doctor.' And in the case of abuse with IPV the most common reported perpetrator was **'**the mother' followed by 'other relative.'
The results of measuring the 'frequency' of the abuse committed yielded **'it happened a few times'** as the most marked frequency by the respondents. This frequency is considered to belong in the range one of the highest.

6.1.4 Demographics and Risk factors

A high percentage of the total of 758 respondents participated in answering all the questions or most of the questions of this paragraph. Most of them (76.4%) have a Dutch passport and most of them are Catholics (86.6%).
The age groups ranging from 15-29 and 30 – 44 scored highest in experiencing one or more forms of IPV, while the age group of 40-60 scored lower.
Unmarried, cohabiting couples have higher rates of intimate partner violence than do married couples. Percentages for all civil conditions are the highest for the **controlling** form of IPV. The group formed by widows, those living in LAT-relation or divorced are more vulnerable to be a victim of sexual abuse. Not expected was the high percentage of widows that reported having been victims of sexual abuse. It is not totally clear if the violence took place when still married or when becoming a widow.
This happens also to women with lower income, who have higher rates of IPV than higher educated women. Couples with income, educational, or occupational status disparities have higher rates of IPV than couples with no status disparity. This is consistent with international scientific literature (Tjaden & Thoennes, 2000 July; Capaldi, Knoble, Shortt, & Kim, 2012).
The results of this item/question confirmed again the fact that many women in Aruba work more than 40 hours a week, with this situation being one of biggest risk factors for DV and IPV and child/minor abuse to take place, causing children to be left alone for long hours before mom reaches home. This is the most important reason for providing Tra'i Merdia (possibility to keep children at school or private centers for doing homework or other activities) to keep them off the streets. Most households on Aruba are single women households earning low wages.
This study shows clearly that many couples live together with child(ren) at his or her parents' home and many single moms with her child(ren) at her parents' home due to the lack of affordable housing for people with a low income. It is also notable that households with young children

experience many tensions and stress between the couple and between the parents and the children, which leads to unpleasant situations where all forms of DV and IPV are likely to take place.
For planning the prevention of DV and IPV, the tools recommended by the two socio-ecological models described in the literature review section may be of big help. The given recommendations can be used by all nations, but because every nation has its own culture, customs and habits, it will be wise to also study their own socio-demographic facts and data and underlying problems like the cause of violence against women, child abuse, incest, abuse of alcohol and drugs.

6.1.5 Negative Consequences on Health of the Victims

Noticeable is that the most marked diseases and disorders, being migraine, bad night's rest, menstruation problems and weight problems coincide with those mentioned in literature on this topic as being health problems caused by relational violence. Migraine, bad night's rest and abnormal appetite, related to weight problem resulted even having a significant association with IPV for $p<0.05$. The same remark counts for contact with health care providers (Campbell, 2002; WHO, 2002; Shipway, 2004; Eelens, 2007; McClennen, 2010; Fredes, 2014).
The survey STEPS Aruba, conducted from October to December 2006, with the main objective of monitoring behavioral risk factors for chronic non-communicable diseases on Aruba, (The Health condition of the Aruban population, 2007) reported that 'weight problem' on Aruba is a big problem (Department of Public Health; Central Bureau of Statistics; National Laboratory, 2007) (Department of Public Health; Central Bureau of Statistics; National Laboratory, 2007). Overall, 72.2 % of all women are overweight or obese. This shows that Aruba is definitely among the countries with the highest level of obesity in the world. A person who is obese has more than twice the likelihood of reporting a bad physical condition than a person with a normal weight.
The health problems from which most people complain are phychological problems (stress, depression, nervousness) and migraine or heavy headaches. It is a well-known fact that psychological problems are closely connected to psychosomatic complaints and that mental condition and physical health are interrelated. In connection with this statement, it is important to mention that the survey shows a significant association of using sleeping pills with IPV (Department of Public Health; Central Bureau of Statistics; National Laboratory, 2007).
Using the 'Other' option, 25 (4.8%) respondents reported suffering from hypertension. In the report STEPS (Department of Public Health; Central Bureau of Statistics; National Laboratory, 2007), the prevalence of hypertension is mentioned to be very high in Aruba. More than 31% of women between the ages 25 and 64 years suffer from hypertension. The health consequences of very high blood pressure are serious. The biggest effect on suffering hypertension is the level of (over)weight or obesity. People who are overweight have normally higher levels of cholesterol and tryglicerides.
Diabetes is a big problem in Aruba. The prevalence of diabetes is much higher than the global average and is probably the island's most serious health problem. Women have a higher prevalence than men, 9.2% against 7%.

The results of the answers on measuring the use of alcohol was surprisingly high: 521 (68.7%) respondents answered this question, of which 365 (70.1%) respondents marked option 'Hardly ever.' That still leaves 156 (29.9%) respondents answering that they do use alcohol. Two hundred and forty-four (66.8%) even mention the quantity of alcohol they use.
The result of the answers on the use of illegal drugs was expected for the same reason mentioned above. Normally respondents will give a socially acceptable answer or avoid to answer these kinds of questions, even knowing that the survey is anonymous.
The results of the answers on the negative consequences of IPV for the body also coincide with literature on this topic (Campbell, 2002; WHO, 2002; Shipway, 2004; McClennen, 2010; WHO and PAHO, 2012; Van Parys & Leye, 2015).
Striking were the results of the answers on the questions about 'being afraid of current husband/partner and especially ex-partner, which was 23.4%. Even more striking was the degree of having been affected by IPV, namely, 'how much.' Sixty-four and a half percent (64.5%) answered being 'sometimes' afraid of current partner and about ex-partner: 'a lot': 32.8% and 'much': 44.5%, these percentages being very high.
In the introduction of this paragraph, it was expected that the results of this study would prove the theory that IPV has a great impact on the victim's health: psychologically, physically and sexually. The purpose of the study presented in this chapter was to examine how and to what extent Intimate Partner Violence affects the health status of the respondents participating in this survey.
The results of this study show the following outcomes:

- The number of respondents who have experienced IPV and have a disease and/or disorder was 524 (69.1%).
- Seven hundred fifty-eight respondents answered the question on personal health condition as follows: almost half of the respondents (48.1%) reported having 'a good health condition'; 23.2% reported, having a 'very good condition' which is 1 out of 5; 24.2% reported a 'poor health condition' and 3.3% and 1.1% reported successively having a 'bad' and 'very bad' health condition.
- The most common diseases and/or disorders were migraine or severe headache (31.8%) and a bad night's rest (29%). Weight problem also was reported to be one of the most common health problems (24.8%).
- Checking for an association between a disease and/or disorder with IPV, a crosstabulation between these two variables was done and the Chi square was used. The result was: 'Bad night rest', (χ^2 = 17.492, p=0.000), 'Abnormal appetite (χ^2 = 8.718, p=0.003) and 'Menstruation problems' (χ^2 =5.765, p=0.016), have a significant association with $p < 0.05$.
- The most common care providers mentioned were the family doctor (66.3%), followed by the specialist, where half of the respondents (50.5%) reported having contact with a specialist the last year. One out of three of the respondents (29.1%) have been treated in the hospital in the last year.
- To see if there was any association between the use of the caregivers and IPV, a Chi square test was used. The only caregivers that were associated with IPV were 'contact last year

with social worker' (χ^2 = 6.034, p=0.014), 'treated in an out-patient's clinic' (χ^2 = 4.722, p=0.030) and 'treated with sleeping pills' (χ^2 = 7.826, p=0.005), has a significant association with IPV, being p< 0.05.

- The measuring use of alcohol: 521 respondents answered the question: do you sometimes drink alcohol. Most respondents, 70.1% reported not or hardly ever drinking alcohol, while 23.1% reported drinking alcohol once a week or less. Only 6.7% and 0.2% respectively reported drinking alcohol a few times per week and almost every day. Measuring intake of alcohol (how many glasses do you drink a day): a total of 208 (N=208) out of 521 respondents reported as follows: more than 90% had one to five glasses of alcohol, 8.6% had six to 10 glasses and there were no respondents who had more than 10 glasses.
- To the question 'do you sometimes use illegal drugs' almost 100% of the respondents, 99.2% answered that they had never used hard drugs. Only 0.8% have reported having used illegal drugs. Only two respondents reported having used illegal drugs a few times a month, whereas one reported to use it once a week or less and another respondent answered: '(almost) every day.'
- Measuring the negative consequences of IPV to the body yielded as a result that the most common type of injuries experienced as a result of IPV were bruises, scratches, cuts, aches (16.5%) and miscarriage (8.8%).
- As reported, the most common perpetrator whose behavior affected the physical and mental well-being of the respondents was the ex-partner (46.0%). The second most common was the current husband/partner's behavior (29.9%). Some respondents were affected by both ex-partner and husband/partner's behavior (3.4%).
- Measuring the degree of being affected by IPV: of the 87 (N= 87) respondents who had reported having been affected by their husband's/partners' behavior, 79 (N=79) answered this question as follows: 38% reported being affected 'a little bit'; however, 21.5% reported having been affected 'a lot' and 22.8% answered that it had affected them very much. One out of ten respondents (10%) reported that they preferred not to answer this question.
- To the question about being afraid of current husband/partner, 72 respondents, answered this question affirmatively. From the above-mentioned 72 respondents, most respondents, 62 (86.1%), answered having been 'sometimes' afraid of their current husband/partner, followed by 'hardly ever' answered by 12 (16.7%), followed by '(Almost) always' answered by 6 (5%). Four respondents preferred not to answer, 5.6%.
- The second question inquiring about having been afraid of ex-partner was answered affirmatively by 115 respondents who had also experienced IPV. Three hundred and seven respondents answered never having been afraid of an ex-partner.

  To the question how much this had affected them, 53 (44.5%) respondents, answered having been 'much' afraid of their ex-husband/partner, followed by one third of the respondents 39 (32.8%), who answered having been 'a lot' afraid of their ex-husband/partner. Sixteen (13.4%) respondents answered having been 'a little' afraid. Nine (7.6%) respondents 'did not know', and two (1.7%) respondents preferred not to answer.

Looking at these results, it is obviously proven that Intimate Partner Violence has many negative consequences to the health of the victim, mentally, psychologically, physically and sexually.

Given the fact that it is proven, also with this study, that IPV affects the health of the victims, it should be recommendable to inform the family practitioners and other caregivers to be alert when they get confronted with these kinds of diseases or disorders because they might be also a sympton of Intimate Partner Violence. Another kind of cure will then be more needed than only pharmaceutic medicine.

6.1.6 Measuring Transgenerational Violence

To measure the possibility that the mother has used violence as a reaction to her child's behavior, the following questions were asked: To measure the possibility that the mother has used violence as a reaction to her child's behavior, the following questions were asked:1. Did you explain to your child(ren) why it wasn't good what he/she did, 2. Did you sometimes give your child(ren) a 'time-out' (for example send him/her/them to their bedroom, 3. Did you sometimes threaten to hit your child(ren), 4. Did you sometimes shake your child(ren), 5. Did you sometimes shout/yell at your children, 6. Did you sometimes swear at your child(ren), 7. Did you sometimes spank your child(ren) with your bare hand at their bottom, 8. Did you sometimes hit your child(ren) at their bottom with a belt, slipper, or a hard object, 9. Did you hit your child(ren) somewhere else than their bottom (arm, head) with a belt, slipper or a hard object, 10. Did you hit your child(ren) with your fist or kick him/her/them, 11. Did you ever smash your child(ren) against the floor or knock them down?

The outcome of this study is as follows: The most mentioned mother's reaction is 'time out' (303), followed by 'screamed at their child(ren)' (297), followed by 'threatened to hit' their children), followed by 210: 'spanked bottom of their children with bare hand'. The frequency was measured using these answer options: never, before this month, sometimes this month, weekly this month and daily this month. The most mentioned frequency option was 'sometimes this month,' followed by 'before this month.'

Four forms of child mistreatment showed association with mothers who had experienced Domestic Violence during childhood, supporting the transgenerational or intergenerational of the Social-learning theories. Having experienced DV before 18 years and 'threaten to hit child(ren)' have significant association for being $p < 0.005$, namely ($x^2 = 8.102$, $p = 0.004$); having experienced DV before 18 years and 'did sometimes shout or yell at their child(ren)' have significant association, with $p < 0.005$, namely ($x^2 = 4.632$, $p = 0.031$); having experienced DV before 18 years and 'spank child(ren) sometimes with bare hand at the bottom' have a significant association, for being $p < 0.005$, namely ($x^2 = 9.188$, $p = 0.002$) and having experienced DV before 18 years and 'hit child(ren) somewhere else than their bottom (arm, head) with a belt, slipper or a hard object' have significant association, for being $p < 0.005$, namely ($x^2 = 5.094$, $p = 0.024$) (See Results Table 35 page 131).

6.1.7 Preventing, Stopping Violence and Seeking Help

The respondents were asked the following questions: would you say generally that you tried to prevent or to stop violence by: a. saying nothing and consenting with what he said? b. by saying that I understand his point of view and that I respect his feelings? c. by explaining to him my point of view and by proposing a compromise? d. by suggesting seeking (together) for professional help? e. by slapping him as self-defense? f. Other, namely…

These are the results of the answers of the group of respondents who also answered the questions on IPV. The most marked option was 'Stopping violence by giving own POV and compromising', which was 83 (1.6%), followed by 'Stopping violence by understanding and respecting him', marked by 75 respondents (64.7%). The option 'stopping violence by slapping him as self-defense' was rejected as an option that could lead to reconciliation between the partners.

Nine respondents used the 'Other' option to give some other answers: "I ignore him"; "I prevent problems"; "I don't answer"; "Time-out"; "I try to stay calm".

This section 'Seeking help', was introduced as follows: People who suffer these unpleasant and painful situations sometimes seek help. The respondents were asked to answer the following question 'Did you ever try to seek help?'

The answer categories were: 1. With family and/or friends? 2. With the police for intervention? 3. By filing a complaint? 4. With a lawyer for judicial help? 5. By asking for divorce? 6. With a family practitioner? 7. With 'Aid to victims' (Slachtofferhulp) 8. At the hospital (Emergency)? 9. At the Department of Social Affairs for advice and guidance? 10. At the shelter (FHMD)? 11. With a priest/pastor/church? 12. By praying? 13. Other, namely….

A total of 234 (N= 234) respondents who answered these questions had also experienced one or more forms of IPV. This figure displays the results. The option 'family and friends' was the most marked (74, 31.6%), followed by 'Pray' (48, 20.5%).

The last question in this section was as follows: If you did not seek help, why not? (Several answers possible).

The answer categories were: 1. I don't like to talk about this; 2. I didn't think it was that serious; 3. Because of fear; 4. I don't want to betray the perpetrator; 5. No one can help; 6. I don't know where to seek help; 7. I don't need help; 8. Other reason, namely…….

Three respondents reported 'they didn't want to betray the perpetrator.', A total of two respondents think that 'no one can help.' A total of five respondents 'don't know where to go for help.' A total of ten respondents answered that 'they don't need help' and only one respondent made use of the 'Other' option and wrote down that 'her mother told her to get over it.'

Using the "Other" option, some respondents gave the following answers: I handle my own business:1; my partner was on probation:1; I went to a psychologist: 2; I told his mother: 1.

6.1.8 Severity and Frequency of IPV

Discussing the way to "measure" severity of violence in the life of the victims of domestic and intimate partner violence, it was remarkable to notice that the way this had affected the respondents in their younger age and the way they reacted to their children as a mother emphasized the negative consequences such as hurt, sadness, irritability and anger, which were passed on to their children, creating in this way the so-called trans- or intergenerational violence, also known as the 'Circle of Violence.' The choice was made not to use the severity weighted scale method of Straus (2001), nor the dichotomous 'score' minor only/severe (RCTS, Straus et al., 2004), seeing that the severity of the violence towards a kid/youngster was of such a negative impression that it still lives on in that person (internalized), but to present in a table the forms of violence that had been used against their own children.

Referring to paragraph 4.7.3 Table 37, page 138 the two options highlighted in light orange represent a positive action taken by the mothers, where 85% of the respondents indicated to have taken the time to explain the wrongdoing to the children, while 55% indicated that they sent the children to time-out as a way of disciplining the children. On the other side of the spectrum, 56% of the mothers, shout at their children, 35% threaten their children with hitting them, and 25% spank them. When looking at this information coming from a population of 758 women participating with this study, the above three categories of transgenerational violence represent 31%, 19%, and 14%, respectively.

To put the above in perspective, 463 women indicated that they have children at home that are younger than 18 years, which add to a total of 922 minors. This means that 56% of these 922 children are yelled at, 35% are being threatened to be hit by their mother, and 25% are being spanked.

The second option to "measure" severity was sought in the results of the categories of intimate partner violence presented in the questionnaire.

Seven categories of violence were used to measure IPV, with a total of 40 statements. The categories were Control, Threats, Light physical violence, financial control, Psychological/ Emotional, Physical and Sexual abuse. The frequencies of these 40 statements were put in a table in descending order by frequency percentage. See Table 38, at page 139. This table illustrates the 15 statements with the highest frequency percentage and the category they belong to including financial control. The result is 130%; counting all the emotional abuse together this will be 66%; all the threats together are 24%; all the light physical and physical together adds up to 38%.

The prevalence of physical violence was 14.7%, which is 1out 7 and the prevalence of sexual violence is 9.5% which is 1 out of 11.

Bruises and injuries are consequences of violence. Of the 660 women who answered the questions IPV, there are a total of 163 injuries reported varying from bruises, scratches, dislocations, burns, broken teeth and miscarriages. Bruises: 16.5%; injuries: 5.3%; burns: 1.4%; deep wounds: 1.6%; internal injuries: 2.5% and miscarriages: 8.8%.
When the women were asked whose behavior had affected their physical and mental well-being, they (46.6%) indicated coming from their ex-partner's behavior, and (28.3%) from their husband's/partner's behavior.
The respondents were then asked how much that behavior has affected them, to which they (37.3%) answered just a little bit and 44.6%) a lot and very much.
Q56: Have you been afraid of your current husband/partner: 11.9% answered yes, and 82% no
Q57: Indicating how much: 19% answered hardly ever, 63.5% sometimes; and 9.5% answered (almost) always.
Q58: Have you ever been afraid of an ex-partner: 23.2% answered Yes, and 76.8% No (n=114).
Q59: Indicating how much: 13.3% answered: A little; 44.2% answered Much; 32.5% answered: A lot; 7.5%: I do not know and 2.5%: Prefer not to answer.
The frequency most mentioned at the physical and sexual abuse questions or statements is 'a few times' which is considered a rather high form of frequency. Scientific literature mentioned that frequent abuse aggravates the severity of the injuries (Barnett, Miller-Perrin, & Perrin, 2005; Barnish, 2004).

6.1.9 The Prevalence of Stalking

Results of experiences of stalking without IPV

In total 137 (18.1%) of the participating respondents answered that they had experienced one or more forms of stalking. This means that the prevalence of stalking is 18.1%, meaning that **1 out of (5.5) to 6** respondents have experienced one or more forms of stalking.
The most experienced form of stalking that the respondents experienced was being approached unwantedly (13%), followed by unwanted followings (11%), followed by receiving unwanted messages (11%), followed by unwanted waiting (9.5%), followed by spreading false rumors (5.2%) and the last mentioned was causing damage to properties (3.9%).
When observing the questions more closely, we notice that they can be split in the first four questions, referring to a lighter form of stalking and the last two questions referring to a more severe form of stalking. The "lighter" forms of stalking are mentioned more by the respondents than the "severe" forms.

Frequency of stalking: The respondents had to choose from the following options: Less than once per week; 2. 1-3 times a week; 3 (almost) every week; 4. More than once a day.
The most reported frequency of stalking mentioned was 'less than once a week'.

Duration of stalking ranged from one month to 1½ years and increasingly to maximum of 10 years.

The respondents were asked to mention which form of stalking caused more fear
Of all the stalking behaviors, a total of 36 respondents (4.7%) wrote that **unwanted followings** by their ex-husband/partner caused more fear. Why? Some of these reasons were as follows: "because during the divorce he approached me and intimidated me or tried to get back together"; "because he took away my safety of not being followed"; "I could not leave the house calmly because he would follow me. I was so afraid that I came to live here because he threatened me"; "I didn't know what his intentions were when he approached me"; "It's a little scary to even think about someone following you"; "because you don't know what he is capable of doing"; "he threatened me that he would hurt me if he saw me alone on the streets"; "because he is a violent person"; "he followed me even though he knew I didn't want to speak with him"; "because he invaded my privacy."

Results experiencing of stalking with IPV
A total of 109 respondents (24.8%) who experienced IPV also experienced stalking. Out of this total, 77 (17.8%) respondents, had experienced unwanted approaches together with IPV; 66 (15.3%) respondents reported having experienced IPV and also unwanted followings by ex-husband/partner; 64 (14.8%) respondents had experienced IPV and unwanted messages;58 (13.4%) respondents had experienced IPV and unwanted waiting; 32 (7.4%) respondents had experienced IPV with spreading false rumors; 24 (5.5%) respondents had experienced IPV with destruction of property.

Frequency of stalking: The respondents had to choose from the following options: Less than once per week; 2. 1-3 times a week; 3. (almost every week); 4. More than once a day. Results: < than once a week: 49 (47.1%); 1-3 times a week: 29 (27.9%); (almost) every day: 17 (16.3%); more than once a day: 9 (8.7%).

Results duration of stalking linked to IPV: The stalking lasted from less than one month to 12 months to several years; two cases of four years and one case of six years.

Which form of stalking caused more fear (with IPV): The most reported form of stalking that caused more fear was unwanted followings: 27 (38.7%), followed by unwanted approaches: 20 (21.3%), followed by unwanted messages: 17 (18.1%), unwanted waiting: 12 (12.8%), false rumors: 11 (11.7%), destruction to property: 7: (7.4%).

End Conclusion
Because DV/IPV is a taboo matter and the survey period had to be cut from eight weeks to six due to an outbreak of chicken pox and the fact that the survey was held in places visited by people infected with chicken pox (hospitals, social security banks and White Yellow Cross offices), such a high response was not expected. The taboo feeling is still noticeable in the fact that quite an amount of the participating respondents did not answer all the questions or that some questions are answered and some not. On the other hand, there were quite some respondents who took the time

to write their thoughts on the last page of the questionnaire, most of them thanking for the opportunity to speak out, some wishing that this survey would also be used for men, and some expressing a desire for higher punishment for perpetrators of violence against women. The results of this survey only give an indication of the scope of IPV on the island. It is only "the tip of the iceberg."

6.2 RECOMMENDATIONS

The famous Italian pedagogue Maria Montessori once said:

"The whole world speaks about peace,
But nobody educates for peace,
People educate for competition
And this is the beginning of each war.
When we educate to cooperate and
To be in solidarity with others,
That day we will be educating for peace."

In the last 25 years, science has witnessed an ontological shift in understanding human-nature relationships. One of the strongest shifts has been the interest toward the so-called 'social-ecological systems' (SES) representing integration of thinking about analyzing and studying humans as an integral part of the biophysical world. This might possibly have been the origin of the proverb "It takes a village to raise a child." Scientific literature on this topic teaches that a person is principally formed at home. It will take time not only to "raise the child", but also especially to "re-educate the population." The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Para), adopted in 1994, requires State parties to pursue, without delay, policies to prevent, punish and eradicate violence against women. Therefore, national plans should be developed acknowledging that violence against women is a violation of human rights.

The most widely used model for understanding violence is the (social) ecological model, which proposes that violence is a result of factors operating at four levels: individual, relationship, community, and societal. The Social-Ecological Model focuses on the interactions and feedback between social and ecology. In other words, it focuses on interdisciplinarity as a scientific approach, moving to a more holistic type of questioning and problem-solving (Schoon & Leeuw, 2015; Avdibegovic, Brkic, & Sinanovic, 2017). There is the social-ecological model developed by Murray Bookchin referring to a coherent system of biophysical and social factors like (socio, economic and cultural), which regularly interact in a resilient, sustained manner and the Bio-ecological model developed by the American psychologist, Urie Bronfenbrenner to explain especially how the inherent qualities of children and their environment interact to influence how

they grow and develop. His theory is focused on the social development of children and emphasizes the importance of studying children in multiple environments, also known as ecological systems, in the attempt to understand their development.

In this study, the Social-Ecological Model from Bookchin was chosen to present the different ways how to prevent domestic and partner violence because it has been promoted by the Centers for Disease Control and Prevention (CDC) as a Framework for the prevention of violence (National Center for Injury Prevention and Control). Their starting point coincides with Raine's conclusion on aggression and violence, which states that not only the biological factor is determent in these cases, but that also the psychological and social factors are particularly important. CDC used a four-level social-ecological model for a better understanding of violence. This model considers the complex interplay between individual, relationships, community, and social factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The rings in the model, which overlap each other, illustrate how factors at one level influence factors at another level. (See for more information about the Social-Ecological Theory paragraph 4.5.4 at page 105).

6.2.1 Application of the Social-Ecological Model of Murray Bookchin:

Besides helping to clarify the above-mentioned factors, this model also suggests that, in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time than any single intervention. This model coincides with the multidisciplinary model system mentioned in Chapter 2 as one of the theories chosen when analyzing the results of inquiry. Therefore, beneath the explanation of the first three levels, advice for the use of strategies is offered to **prevent** intra-familiar violence and **create protective factors**. Examples:

ad. Individual level: Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Specific approaches may include education and life skills training.

ad. Relationship level: Prevention strategies at this level may include parenting or family-focused prevention programs, and mentoring and peer programs designed to reduce conflict, foster problem foster skills, and promote healthy relationships.

ad. Community level: Prevention strategies at this level impact the social and physical environment – for example, by reducing social isolation, improving economic and housing opportunities in neighborhoods, as well as the climate, processes, and policies within school and workplace settings.

Ending violence against women requires change at every level – from State systems and laws through to organizations such as schools, workplaces and support services, local and cultural communities, and down to individual relationships and behaviors (UN WOMEN, 2012). The recommendations will be presented using the above-showing model.

Ad.1 Individual level:

- **At home**: parents preventing violence by not using violent words in the communication with each other and the children, threats or violent behavior, but treating each other with respect. Promoting positive, non-violent parenting and equal, respectful and non-violent intimate and family relationships. The children will follow this example (Avdibegovic, Brkic, & Sinanovic, 2017; COAG Advisory Panel on reducing Violence against Women and their Children, 2016). Example: in a harmonious household a child will have the guidance in his studies and in his forming to become a well-balanced adult avoiding becoming a drop-out or a teen mother with limited possibilities to be a succesful citizen. This study has proven that mothers yell at their children, threaten them with hitting and hit their kids. (See paragraphs 4.4, 4.7 and 4.8 respectively violence before adulthood, transgenerational violence and severity and frequency of violence).
- Professionals working in this field such as the family doctor and social workers have sent advice directly to the parents not to give many material gifts to their children, but more attention, interest in their study and hobby and guidance (Chapter 5 Qualitative study aim 5 and 6).
- Not discriminating nor using discriminating words referring to people of other races or skin colors or religions, migrant children or refugee status, disability, or political opinion. Children who grow up respecting their parents, each other, and other people will be good citizens and will contribute to their surroundings.
- Breaking the Patriarchal Role-system by engaging male youngsters in household Chores. Children who grow up sharing and helping each other in their home will grow up to be themselves good and happy parents (transgenerational education).
- No use of alcohol and drugs by parents in front of the children will teach the children to keep away from dangerous substances which can endanger their physical and mental health (see Chapter 5, aim 5)
- Promoting and practicing good interactions within personal relations with family members, classmates, teachers and caregivers will affect children positively how they grow. And how to treat other persons and will become good citizens and will not recur to violence.

Ad.2 Relationship level:

- If a child's parents are actively involved in the friendship of their child, for example they invite their child's friends over to their house from time to time and spend time with them, the child's development is affected positively through harmony and like-mindedness.
- **At school:** treating other kids and teachers, no bullying, no discrimination, no bad words, no belittling, no offending remarks, no threatening, but respecting each other. This study has proved that psychological violence hurts more than any other kind of violence. Examples: yelling at children and threatening to hit them, belittling them (Ch. 4.4, 4.7 and 4.8).

- Teaching respect and gender equality, human rights and non-violence at school from primary school to advanced levels (Chapter 5, aim 5: social skills, healthy relationships, prevention campaigns).
- Special assistance is required for children who have experienced maltreatment, neglect or have witnessed severe domestic violence (Ch.5, aim 6).
- Special courses like anger management for youngsters and adults with traumas (see Chapter 5, aim 6).
- Prevention campaigns are recommended like teaching the children at school not to be afraid to seek help when they are suffering psychological, physical, or sexual abuse. But also campaigns against alcohol and drug abuse (see Chapter 5, aim 5).
- Professionals on this topic recommend paying attention to the situation at home and at school and to learn the signals of child abuse in order to act instantly by calling the Center for child abuse (Chapter 5, aim 4).
- Professionals in the Social Sector also expressed the wish of having more professionals for psychological aid; that the Policlinic for children and youngsters should be more accessible and that every school should have the possibility of the assistance of a social worker (Chapter 5, aim 6).
- More and special attention is needed for boys who have been sexually abused (6.1.1).
- **At work:** the above-mentioned points also count for work relationships and in government departments.
- Special attention for the youngsters' unemployment is required especially for those who finished EPB (Basic Professional Education) and are unemployed and those who don't have any educational training, like the so-called drop-outs. It is well-known by the authorities that these youngsters have been involved in criminal acts the last ten years and even use fire-arms with tragical results (Chapter 5, aim 6).

Ad. 3 Community level:

- Try to convert the parent's workplaces, extended family members and neighborhood with which the children do not interact directly, in a kind environment for the children, creating in this manner, a positive impact in their lives (Battams, Heading, & Batsiokis, 2018).
- Use the social media to encourage attitudinal change by promoting positive, respectful and non-violent masculinities, making the shift and preventing violence before it starts (prevention campaigns Ch. 5, aim 5).
- Sensitize the community on violence against women as a manifestation of inequality and a violation of women's human rights. A professional recommended a special study on rape and incest (Ch. 5, aim 6)
- Use social media to encourage attitudinal change by promoting positive, respectful and non-violent masculinities, making the shift and preventing violence before it starts.
- Sensitize the community on violence against women as a manifestation of inequality and a violation of women's human rights (the last three recommendations: Chapter 5, aim 5).

- A special shelter and after care are needed for youngsters with drugs or psychological and psychiatric problems (Chapter 5, aim 6).
- A special Youth Prison or Correctional Institute is needed where youngsters are treated and also have the opportunity to learn a special trade

Governmental level:

- Improvement of police services in cases of intervention in cases of domestic violence; improvement of handling those cases, especially when children are involved (Chapter 6.1.1).
- Improvement of registration of domestic violence cases by the police (Chapter 6.1.1.)
- Re-introducing the 'Polis di Bario,' which is a police officer who has the special task of working in a district and who knows the residents and can help in solving problems (Chapter 6.1.1)
- Special attention is required for police officers having problems at home and because of traumas (Chapter 6.1.1).
- Better cooperation between the government departments and other stakeholders regarding domestic violence cases and maltreatment of children. The national Safety House is playing a crucial role in organizing cooperation contracts between instances, foundations and organizations with the aim to make combatting DV/IPV more successful (Chapter 5, aim 2). The minister of Justice introduced recently a system of systematic approach used by all the stakeholders in this field and supervised by the director of Safety House.
- Review and revision of existing legislation regarding DV/IPV (Chapter 6.1.1).
- Introduction of the Law prohibiting the perpetrator from entering the house after committing severe violent acts and destruction (Landsverordening Tijdelijk Huisverbod) (Ch.6.1.1).
- Introduction of the law linked to the above-mentioned law regarding risk valuation during an intervention in a domestic case (Risico taxatie instrument Huiselijk Geweld). Police officers need special training regarding the application/implementation of this law (Chapter. 6.1.1)
- Special facility/institution for treatment of youngsters with psychiatric problems (Chapter.6.1.1)

Ad. 4 Societal level:

- Promote a peaceful environment for the children because children in these peaceful environments will then experience a different and positive kind of development.
- Direct and meaningful participation of civil society and other stakeholders, such as foundation for women victims/survivors and other women organizations, service providers such as Red Cross, White Yellow Cross and Health sector (Chapter 5, aim 2).
- Political leadership oversight, support, and engagement. These last ten years campaigns have been held including men in influential positions to act as 'ambassadors' for prevention

of all kinds of violence, Members of Parliament, Ministers, faith leaders and local officials, local celebrities or athletes.

- Engaging men and boys in promoting equitable, non-violent masculinities, fatherhood, sexual and reproductive health (Flood, 2010; Evers, 2006).
- Implementation of the National Plan should be led by a high-level board or steering committee in close cooperation with government officials (World Health Organization, 2014). (See interview with director Safety House and coordinating contracts).
- National plans should support local organizations and networks to drive activity at community level and ensure coordinated actions.
- National Action Plans should require the regular collection, communication, and analysis of comprehensive statistical and qualitative data, disaggregated by sex, race, age, ethnicity and other relevant characteristics, on the nature, prevalence and impact of all forms of violence against women and children and inter-familiar violence. These studies should be undertaken by universities and higher educational Institutes and should be evidence-based.
- Independent research on emerging issues related to violence in general, violence against women, children and elder persons should be supported (UN WOMEN, 2012).
- Care, support and empowerment of victims/survivors: emergency physical and mental health care, free legal assistance, protecting orders, housing and employment, accountability of perpetrators.
- The creation of a specialized court system or court proceedings for domestic and partner violence cases. Recently a new instance 'The Family Justice Center' was founded in Aruba.
- Special attention for police-officers' mental health caused by work stress, which causes stress situations at home combined with domestic violence. Some police officers expressed the wish of having an independent psychologist not belonging to the police corps (Chapter. 6.1.1)
- The last ten years quite some scientific work regarding reducing or ending violence against women and their children has been published. These scientific writings hold many recommendations about how to empower women and their children and how to prevent and combat domestic, partner violence, children and elderly abuse, using new approaches, such as engaging boys and men in ending violence against women to achieve lasting changes (Flood, 2010).

Discussion

It needs to be said that Aruba has been working these last five years in trying to prevent and/or stop Domestic Violence and Intimate Partner Violence. An Instruction (Aanwijzing) was drawn by the Office of the Public Prosecutor containing guidelines for police officers how to act when called for intervention in a case of DV/IPV towards the aggressor. The Foundation 'Sostene Mi,' which is the Helpline and Central Call Point in cases of child abuse, developed and introduced protection codes for the stakeholders regarding how to act in cases of child abuse.Much information, guidance and advice were given in schools and foundations working on this problem.

The Foundation for Relational Violence expanded their shelter with fourteen small apartments to offer temporary shelter, especially to mother and child. They also offer psychological help to victims of DV/IPV. With the introduction of The Safety House, cooperation contracts between the different stakeholders became reality which facilitated reaching out to help victims and also aggressors. The Family Justice Center has been recently announced. This is a Center with a multi-disciplinary approach where different stakeholders work together to help the victim of DV/IPV as much as possible. A lot has been done, but still a lot has to be done.

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